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HOSPITALS AND ASYLUMS
OF
THE WORLD.

VOLUME I.

ASYLUMS—HISTORY AND ADMINISTRATION.

HOSPITALS AND ASYLUMS

OF

THE WORLD:

*THEIR ORIGIN, HISTORY, CONSTRUCTION, ADMINISTRATION,
MANAGEMENT, AND LEGISLATION;*

WITH PLANS OF THE CHIEF MEDICAL INSTITUTIONS
ACCURATELY DRAWN TO A UNIFORM SCALE,
IN ADDITION TO THOSE OF ALL THE HOSPITALS OF LONDON IN THE
JUBILEE YEAR OF QUEEN VICTORIA'S REIGN.

BY

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EDITOR OF "THE HOSPITAL".

IN FOUR VOLUMES AND PORTFOLIO.

VOLUME I.

ASYLUMS—HISTORY AND ADMINISTRATION.

LONDON:

J. & A. CHURCHILL, 11, NEW BURLINGTON STREET, W.
WHITING & CO., SARDINIA STREET, W.C.

1891.

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INTRODUCTION.



FOR twenty-five years the author has been engaged in the administration of hospitals and kindred institutions, and during the earlier part of that period he gained practical experience in every department of the work by active participation, first as a paid official and subsequently as governor and hospital manager. This close connection with the medical charities and institutions has naturally excited the warmest personal interest in their welfare and efficiency. Visits have been made to the chief institutions in most European countries, in several of the Colonies, and in the United States of America. In the result, the author has collected a mass of information, and he has felt that a useful purpose might be served if he were to reduce his notes to order, and endeavour to place on record full particulars of the rise and development of all institutions for the care of the sick and insane throughout the world.

The task has been one of singular difficulty, entailing much correspondence and a mastery of languages difficult to acquire. The author is conscious that the result may be found disappointing, although he has spared neither time nor money in the endeavour to do justice to a great subject, a more general and accurate knowledge of which must tend materially to diminish suffering and to increase the comfort of those members of the community who are least able, or are wholly unable, to make provision for themselves. It is hoped that a more intelligent and sustained interest may be excited by the publication of this book, because experience has

proved that no public institution can be maintained continuously in a state of efficiency unless it is open to public criticism, and is supported by the active co-operation and interest of the inhabitants of the locality to the needs of which it ministers.

Nearly twelve years have been spent in the preparation of the present volumes, four in number, the first two of which deal with Asylums for the Insane,—their history, administration, and construction;—whilst the third and fourth volumes deal entirely with Hospitals for the Sick, and kindred institutions which have been established for the treatment of acute diseases and accidents. A fifth volume, or portfolio, contains many hundred plans of the principal hospitals throughout the world. All of these have been reduced to the same scale, and contain such full particulars that anyone interested may see at a glance what each institution is like, and what is the relative degree of efficiency which characterises its administration.

It would be interesting to relate the difficulties which have arisen in collecting facts from various countries and institutions, but, as the recital might cause offence or give rise to misapprehension, the author thinks it best in the public interest to deny himself the pleasure of the recital, which would be some compensation for many vexatious delays and unnecessary difficulties created in his path. Suffice it to say that, on the whole, the result has been so far successful as to enable him to give a fairly exhaustive account of the systems which prevail in nearly every country throughout the world. It will be found, of course, that some few countries have no place in these volumes. They are omitted because the most exhaustive inquiries have failed to produce any accurate data, and in several instances evidence has been forthcoming that, for practical purposes, no system of medical relief and no institutions exist in the true acceptation of these terms as they are understood in civilised countries.

Another great difficulty has been to bring the figures and facts up to date. An attempt has been made to give the latest information, and to supply figures for identical years in regard to the

various countries dealt with. In some cases, owing to the irregularity with which the census has been taken, or to accidental delays (as in the case of the United States, for which the figures are not yet available), it has been found impossible to make the returns as recent and full as could be wished. The author has felt, and his experience justifies the feeling, that to delay the publication of the book any longer with a view to including later particulars from the United States and elsewhere, in regard to the insane population especially, would only tend to make the other figures less satisfactory, and so it has been decided to publish the book without further delay. Should a second edition be called for, it is hoped that the intelligent criticism and co-operation of those most interested in the subjects of which it treats will enable the author to do greater justice in certain instances, and to make the volumes as a whole even more complete than at present, exhaustive though they will undoubtedly be found to be.

The next great difficulty which had to be faced, where information was at last obtained, arose from the great number of languages which had to be dealt with. It was not an unusual experience to have a mass of printed matter supplied by a foreign Government, which proved, on examination, to contain very little information of value, and to omit most of the special points about which it was desirable to have accurate facts and figures. Of course it has only been possible to make the best use of such matter as was procurable, and it is felt that in some cases the difficulties in the way of the compiler have been so great as to render any attempt at literary style impossible, because the utmost which could be done was to give a *précis* of the available records, which do not always lend themselves to literary treatment.

In work of this description the author has had to make himself familiar with the writings of many authorities and authors, and it was felt that to reproduce their names and works in the text of the book would make it to a great extent unreadable, and so destroy the purpose with which it was written. In saying this it must be understood that an earnest endeavour has been made to

give full credit to every author, although detailed reference has been avoided as much as possible to prevent tedious reiteration. In every case where particular books or manuscripts have been utilised extensively, full credit is given in the text. It has further been determined to include in the bibliography the names and publications of all authors whose work is worthy of record, or whose books have been found to be of value.

It would be impossible to include the names of all those who have rendered willing service by co-operation in the production of these volumes. The author must not omit, however, to express his indebtedness to four Foreign Secretaries of State—the Earls of Derby, Granville, Rosebery, and Salisbury—all of whom have made the machinery of the Foreign Office as far as possible available, and have so enabled him to secure the co-operation of the British Ambassadors and Ministers resident in foreign countries. The Agents-general, the Crown Agents, and the Governments of all the British Colonies have cheerfully aided in the work; and the author cannot adequately express his deep sense of indebtedness to the many officials and others who have taken an immense amount of trouble, and devoted a large portion of their time to the collection of information and plans which have been found of the greatest value. The author has, further, to express his acknowledgments to Dr. Greene, of Berry Wood Asylum, and Dr. Sibbald, Lunacy Commissioner for Scotland, for much valuable aid in the production of the first two volumes on Asylums and Asylum Construction. Mr. Henry Hall and Mr. Keith D. Young, the eminent architects, who have made hospital construction a special study, have rendered invaluable assistance in the preparation and production of the various plans and illustrations. Mr. Keith D. Young has devoted a great amount of time to the volume which deals with Hospital Construction, and without his co-operation and assistance it would have been impossible to make the fourth volume anything like as complete and exhaustive as it will be found to be.

The author has always been greatly impressed with the feeling that if intercommunication and co-operation amongst all who are

engaged in the administration of asylums and hospitals, and in the treatment of inmates of these establishments throughout the world, could be secured, immeasurable benefits must result to all concerned. This view was held very strongly by him before he commenced to write these volumes, and as that task has proceeded he has become more and more impressed with the feeling that all should aim at securing the closest intercommunication between the workers and administrators of all the nations of the earth. If this book tends to bring about this result, then the labour, expense, and time which its preparation has entailed will not have been thrown away.



ERRATUM.

Page 143, sixth line from bottom, *for* "sane", *read* "some".

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HOSPITALS AND ASYLUMS

OF

THE WORLD.



CHAPTER I.

EARLY HISTORY AND TREATMENT OF INSANITY.

Introductory.—Four Main Aspects of Lunacy in Ancient Times: Mythical, Greek, and Roman; Assyrian and Egyptian Period; Lunacy in Sacred History; Medical and Scientific.



LITTLE or nothing is known about the treatment of the insane in pre-Christian days. It is true that tradition records isolated instances of the methods adopted in the case of those believed to be mad; but, although these occur irregularly throughout the world's history from the earliest times, there is much to be said in favour of the contention that, until the last few hundred years, insanity was little known and less thought of. Of course the population, of the civilised world at any rate, was very much smaller than at present, and the strain upon the human system was far less exhausting than it is nowadays. Besides, insanity, unless it forced itself upon public notice, was not sought out, nor were insane persons isolated, much less was it the general practice to segregate them in large establishments, as they are to-day. It was, indeed, difficult up to forty years ago, to form a judgment as to the insane population, because isolated cases were kept in private houses unknown to anyone except their friends, and also because there was neither a systematic inquiry nor any general desire to ascertain the truth as to the proportion which the insane bore to the whole population of a country. The imperfection of the existing records therefore makes it impossible to present a complete account of the systems of treatment adopted by the various nations towards madmen and idiots, and it is only after due consideration that we have determined to bring together

such facts as appear to throw light upon the subject. Our inquiries have entailed a very prolonged and varied course of reading, and have in many ways disappointed the expectation with which we commenced the task. We have learned, at any rate, that when the works of about half-a-dozen people are excluded, all that remain will be found practically valueless. This is so because, with the exceptions mentioned, writers on this question have contented themselves with copying, mainly without acknowledgment, the statements and views of their predecessors.

A contributor to the *Encyclopædia Britannica* states that the history of the treatment of insanity is divisible into three epochs—the Barbaric, the Humane, and the Remedial. This is no doubt in a measure true; but we prefer for our present purpose to consider the question under four main aspects—(1) Mythical, Greek, and Roman; (2) Assyrian and Egyptian Period; (3) Lunacy in Sacred History; and (4) Medical and Scientific.

I.—MYTHICAL, GREEK, AND ROMAN.

Treating first of what we may consider as mythical, we find the earliest recorded case in which medicine was administered to patients suffering from insanity. The physician was Melampus, one of the most ancient of the Greek physicians of Argos, who was summoned by Prætus, King of Argolis, to attend his three daughters, who were stricken with insanity, according to tradition, because they neglected the worship of Bacchus. Melampus found the three princesses running about the fields, and lowing incessantly, under the belief that they were cows, and not maidens. He very soon produced a change by the administration of hellebore and other drugs, which proved completely efficacious. It is interesting, though of course unimportant, to notice that the ancients believed that the neglect of the worship of Bacchus was punished by reducing the scoffer to a state of insanity. Nowadays, Bacchus is responsible for much mania of various kinds, not only among civilised, but, unfortunately, among uncivilised races too. It is further interesting to note that Æsculapius appears to have received his first commission as a doctor owing to the disturbance occasioned by a case of madness in the family of Athamas, King of Thebes. Athamas had married a second wife, Nephele, who became insane, and was then repudiated by her husband. This aroused much indignation amongst her children and relatives, and

indirectly led to the famous expedition of the Argonauts. One of the Argonauts was Æsculapius, the god of Medicine, who was selected to attend to the health and hygiene of the company.

The myths of madness are many, and a list of them might be indefinitely extended. Of these, the most important are the cases of Ajax and Orestes; of Ulysses, previous to the Trojan war; of Lycurgus, King of the Edones, in Thrace; and of Cambyses, King of Persia; all of which have found a place in the history of the world. The records of these cases may be regarded as evidence of the presence of insanity, to some extent at any rate, in every period of the world's existence. They are, of course, incidents merely, which may be taken, as a candid friend remarked, as "useful for decorative purposes, and nothing more". On the other hand, no one who has studied the subject can doubt that the ancients possessed a fair knowledge of mental diseases from the earliest times, and that their methods of treatment were not infrequently wise and prudent.

Dr. Sibbald, one of the Lunacy Commissioners for Scotland, has brought this point out very clearly. He writes:—"That insanity existed in the same forms then as it does now, is abundantly evident from the descriptions of it which we find so admirably given by the dramatic writers of ancient Greece. The pictures which they paint are excellent representations of some of those phases of insanity with which we are most familiar at the present day. We may select as typical of the phase most frequently delineated the representation of the insanity of Orestes by Euripides, in the *Electra* and in the *Iphigenia*. The hero is described as impelled, by his sister's pleading, to avenge his royal father's death by the murder of his mother Clytemnestra, and he is seized with consequent remorse. This drifts rapidly into deep morbid depression, ending in an explosion of maniacal excitement. He is described by Electra as 'sick', and 'languishing upon his couch'.

" " His mother's blood he shed has tortured him
With madness; for—'

she says, in recognition of the divine influence, whose vengeful action he had so impiously provoked :

" " I may not speak of *them*,
The Gracious Ones, who hunt him down with fear.
Five days have passed since that his mother's corse,
But lately slain, was purified by fire.

These five days gone he has not tasted food,
 Nor washed, but hid within the coverlets.
 If eased his body be from his disease,
 He weeps in conscious grief. Then from his bed
 He swiftly leaps, as bounds an unyoked steed.'

During fits of excitement, hallucinations of vision manifest themselves.

" 'O mother, urge them not,' he cries,
 'The blood-faced furies, with the snaky hair ;
 There, there they stand, ready to leap on me.'

In the *Iphigenia*, the herdsman describes Orestes as shouting—

" 'Pylades, see'st thou yonder Fury, and
 Another hellish Dragon, who is armed
 With fearful snakes, and tries to slay me, too ?
 Ah, and that third one, breathing fire and death,
 Bearing my mother in her arms, flies down
 Towards yonder rock, which she would hurl at me.
 Alas, she'll slay me ! Whither shall I fly ?'

The herdsman then explains that nothing was visible of all the ghosts Orestes seemed to see—

" 'He but mistook the lowing of the kine,
 And barking of the dogs, for sounds
 Which we are told Furies are wont to utter.
 We, meantime, close together, silent sat,
 As men about to die. For he drew forth
 His sword, and, rushing on the cattle, smote
 Them, like a lion, on their flanks, until
 (For thus he thought to ward the Furies off)
 A bloody foam rose on the very sea.

* * * *

The fit of madness past, the stranger fell
 With slaver dropping from his chin ; while we,
 Seeing him timely fallen, did our best,
 By throwing stones, to strike him ; but his friend
 Wiped off the slaver from his mouth, then sheltered him,
 By spreading out his garment, warded off
 Each threatened blow, and gave him every care.'

We have here a graphic description of a maniacal paroxysm preceded by a period of deep dejection, which we would now call melancholic. The ignorant herdsman is naturally alarmed at the symptoms ; but Pylades, aware of the objectless character of the

violence, treats the patient with intelligent kindness. We might extend the illustrations of insanity to many other forms described or alluded to by the Greek writers. But it will be sufficient here to remind you of the old gentleman who is described by Aristophanes in the *Wasps*. His is a form of madness more troublesome than dangerous ; and the case is an illustration of the fact that the Greeks were sometimes able to attribute to their true origin symptoms of mental disease which fell far short of wild fury or speechless stupidity. The story also possesses a peculiar interest from its illustrating the kind of treatment popularly thought suitable to such a malady by Athenians who lived so early as the fifth century before Christ. The patient is thus described by one of his servants :

“ ‘ My master’s madness, I can tell ye now, if ye be silent ;
 He loves the law courts more than ever mortal did before him,
 And grieves if he can’t get a place on the first bench of judges.
 At night he gets no wink of sleep, and if perchance he doses,
 His mind is always on the strain from watching for the time-glass.
 So used is he to hold the ballot ball, that when he rises,
 ’Tis with three fingers joined as tho’ about to offer incense ;
 And if he sees on any door chalked “ Demos is so handsome”,
 He’ll go and scribble by the side, “ O Voting Urn, how lovely !”

* * * * *

This is his madness, which, in spite of warnings, e’er increases ;
 We therefore keep him locked in here, from fear that he escape us.
 His son has taken much to heart his father’s strange disorder ;
 He sought to make him stay at home by using moral suasion,
 And failed, then had him bathed and purged ; but all was unavailing.’

We find among the stories told by Athenæus in his *Deipnosophists*, those Alexandrian *Noctes Ambrosianæ*, an actual instance of a somewhat similar form of insanity, which was successfully subjected to medical treatment, in the case of Thrasylaus, son of Pythodorus. This young man ‘ was seized with such an insanity, that he imagined all the ships which came into the Piræus were his own ; reviewed, dismissed, and launched them ; received those which arrived in port with as much joy as if he were the proprietor of the merchandise they brought home ; of which, if any were lost, he made no inquiry about it, but rejoiced greatly for whatever came safe. Thus, he is said to have passed a life of much pleasure. But his brother Crito, returning from Sicily, had him secured, and put under the care of physicians. Being cured of his insanity, he declared he had never before lived with so much satisfaction and

pleasure, for he had had nothing to disturb him, and a multitude of things to afford him delight.' The most cultivated intellects of Athens seem generally to have concurred with Hippocrates in regarding mental derangement as a disease similar in its nature to bodily disease. 'The evil humours of the body', says Plato, 'may disorder the soul, producing manifold forms of melancholy and dejection, of rashness and cowardice, of obliviousness and dejection.' And the author of the *Second Alcibiades*, who, if not Plato himself, was an imitator who wrote what Plato was believed to think, represents Socrates as saying: 'There are different kinds of unsoundness of mind. Those who are afflicted by it in the highest degree are called mad. Those in whom it is less pronounced are called wrong-headed and crotchety, or, as persons fond of smooth words would say, enthusiastic or excitable. Others are eccentric; others are known as innocents, incapables, dummies, or are called by other like names. All these kinds of unsoundness of mind differ from one another just as diseases of the body do.'

"The Stoics, whose school was influential in Greece, and became much more so afterwards under the Roman Empire, took a very broad view of the relation of abnormal mental states. They divided men into two classes, the wise and the foolish—just as sticks may be divided into straight and crooked sticks; and they called special attention to the fact, as it was neatly put by them, that very few sticks in this world are absolutely straight. We should not be justified, however, in suggesting that comprehensive conceptions such as these fairly indicated the practical ideas of the period in regard to insanity. 'The general public of ancient Greece', as is remarked by Professor Mahaffy, 'did not approach so nearly to the enlightenment of its intellectual leaders as our modern public does. We find, for example, in the ordinary life of Athens, cruelties and barbarities, so violently in conflict with the humanity of a Socrates, a Euripides, or a Plato, as to astonish us, and make us doubt our estimate of Attic culture.' We have sufficient evidence to show that in one sense the Greek public was often disposed to take a broad view of insanity by regarding very harmless deviations from ordinary conduct as indicating its existence. An interesting illustration of this is afforded in the commission which Hippocrates received from Abdera to make inquisition into the mental state of the worthy anatomist Democritus, who had caused anxiety to the inhabitants by his practice of dissecting the bodies of the lower animals. But in the relation

of insanity to supernatural influences, the philosophical and vulgar ideas were widely divergent. The madness of Orestes, Ajax, and other similar examples that are portrayed by the dramatists, is represented, in accordance with the popular belief, as being induced by the special interposition of Apollo or some other divine power. But when used in the philosophic writings, such language seems generally to imply merely that madness was, like all other mundane states, controlled by the supernatural machinery of gods and goddesses, who constituted the over-ruling providence of the classic mythology. In the general literature of Greece we find the same phrases introduced when ordinary disease or any similar interruption of the ordinary course of events is described in a rhetorical or poetic manner. But there are certain unmistakable, morbid, mental conditions that were associated in the minds of the people with their religious rites. This was the case in the prophetic utterances at Delphi, and in the epidemic religious excitements when persons were supposed to be '*inspired or possessed*'. It was supposed to be under inspiration by Dionysus that the Bacchic maidens believed they drew milk and honey from the flowing river."

Dr. Sibbald further remarks: "It is seldom, if ever, indeed, that the public mind of the community makes any earnest attempts to solve difficult or complicated questions, until some practical necessity forces them inexorably on its attention. Experience has shown that the modes in which such practical interest may arise in connection with insanity are, when questions of capacity or responsibility before the law require to be solved, and when public provision for the care and treatment of the insane requires to be made. The question of mental capacity did sometimes require to be dealt with in ancient Athens; but it was only as part of the process whereby aged and infirm fathers might be stripped by their sons of every kind of power and authority. This proceeding, which seemed to be regarded in cultivated Athenian society as quite consistent with justice and filial duty, was frequently resorted to. But the inquiry which it involved was inspired rather by a wish to facilitate the complete removal of the feeble from power and influence, than from any desire to protect their rights. . . . We are probably warranted in concluding that though the higher intellects of the time had a wonderfully clear and just perception of what ought to be regarded as mental disease, it was only in dealing with persons of the most elevated social class that such views were practically applied; that the total number of those who were

recognised as insane was comparatively small; and that only a small proportion of these would experience the benefits of considerate care and treatment. I believe there is no trace in the Solonian legislation of any provision for dealing with questions of insanity, except in rendering the wills of insane persons invalid, and if we may regard it as coming under the same head, the limitation of the control of prodigals over their property. It was only in cases, therefore, where danger to the community was apprehended, that public interference did take place. Weak-minded and harmless lunatics were dependent on voluntary care. Dangerous lunatics who were imprisoned, and harmless lunatics who were cared for by their friends, thus include all who can be said to have been treated as insane. Those who wandered about the unsettled localities alone, or as members of the vagabond herds, were practically disregarded altogether by civilised communities."

Dr. Sibbald then considers the methods of treating lunacy pursued by the Romans, and points out that, to a great extent, they adopted the Greek ideas. Cicero, who took a conspicuous part in presenting the Greek modes of thought to the attention of his countrymen, speaks of Plato, Aristotle, and Zeno as "the only teachers who arm and instruct a citizen for the duties of social life". His views as to the nature of insanity were very comprehensive. "All fools", he says in his *Tusculan Disputations*, "are disordered in mind; all fools, therefore, are insane. For it is the opinion of philosophers that sanity, or health of mind, consists in a certain tranquillity, or equanimity, or, as they term it, constancy. And they consider the mind, when void of these qualities, as insane; since sanity can no more exist in a disordered mind than in a disordered body. We separate, however, this insanity from fury; and, being of the nature of folly, that term possesses a wider signification." On this Dr. Sibbald remarks: "The distinction here drawn between insanity and fury—*insania* and *furor*—was an important practical distinction in ancient Rome. Those persons who laboured under the disorder called *furor* were placed, by the laws of the Twelve Tables, under tutelage, which freed them from responsibility for their acts, and deprived them of liberty, except such as their tutors granted to them. The tutors thus became responsible for them, and had power to imprison them, or dispose of them in whatever way they deemed best. *Furor* is defined by Cicero as consisting in a confusion of the mind in regard to everything—*mentis ad omnia cæcitas*; a definition which perhaps survives in our modern expression, 'blind fury'." Curators were also appointed for another class

called prodigals, who are defined by Ulpianus as persons "who have neither method nor purpose in their expenditure, but squander their means in havoc and dissipation". This class, Dr. Sibbald says, must be counted among those whom the Romans treated as insane, being subjected to exceptional treatment on account of their abnormal mental condition, with the intention of saving them from the injurious consequences of that condition.

We may note further "that the evidence upon which the Roman magistrate declared a person to be furious, was not the opinion of experts, but such evidence as showed that the fact was admitted by the general voice of those to whom the circumstances of the case were well known." "The dangerous lunatics were removed, under the authority of tutors, to places of detention, '*carceres*,' and it appears to have been the practice also to send insane persons to be subjected to treatment in the houses of physicians. In the *Menaechmi*, the Comedy of Errors, by Plautus, we find the doctor sending for four men to remove the supposed lunatic to his house, and declaring his intention of making him 'drink hellebore some twenty days', when he got him safely lodged there. We thus find that careful provision was made for the treatment of the Roman citizen when he became insane; and it is probable that the religious tolerance or indifference, which prevailed until the time of the Christian persecutions, must also have been accompanied by a very considerable diminution of the superstitious element which had complicated the idea of insanity among the Greeks. The Romans looked on this condition as a disease which was to be cured, if at all, by ordinary medical treatment. Seneca makes this possibility the distinguishing mark of the kind of insanity which implies civil incapacity. 'We say that every fool is insane,' he says; 'we do not, however, attempt to save them all with hellebore, but trust many of them to vote in our assemblies, and to exercise magisterial jurisdiction.'" On which Dr. Sibbald remarks: "This statement received a melancholy illustration in the history of his pupil, Nero; one of the cruelties by which the tyrant marked his mad career being to condemn the great philosopher to death. It is curious, with reference to the remark of Seneca which has just been quoted, to note that Nero was actually called upon by the satirist, Persius, to 'clear his mind with hellebore instead of meddling with government, for which he was, by nature, so unfit'."

The following abstract of the provisions of the Roman Law, defining the legal position of lunatics and prodigals, will give a clearer idea of the methods pursued by the Romans:—

MADMEN AND LUNATICS.

I.—Madmen (*furiosi*) and lunatics (*mente capti*) were not answerable for any wrongful act (*injuria*), which they committed, because they were deemed to be incapable of having a wrongful intention. (*Digest*, 50, 17, 111, pz.)

II.—A madman could transact no business, because he did not understand what he was doing. He could not acquire any rights that involve consent, hence he could neither be a creditor nor a debtor. It mattered not whether there were acute insanity (*furor*) or mere imbecility (*dementia*). (*Code*, 5, 4, 25.)

But a person sometimes insane could, when in a rational mood, bind himself and others, by contract. (*Code*, 4, 38, 2.)

III.—By the Ancient Law the daughter of a lunatic (*mente capti*) or a madman (*furiosus*) could marry.

Marcus Aurelius gave this privilege to sons in confirmed cases, and Justinian extended it to sons of those suffering from acute insanity. By the ancient law such marriages were not allowed, because the consent of the parent was wanting, that parent being incapable of giving it, owing to his lunacy.

IV.—Madmen always had curators, even if they were more than twenty-five years of age. (*Twelve Tables* and *Digest*, 26, 1, 3.)

V.—Madmen, because they wanted sense, could not make a will, and it was immaterial whether the madman afterwards became sane before he died. But if a madman made a will during a lucid interval, the will was valid, so also was a will valid if made before madness took effect.

And madmen could not be witnesses to a will. (*Justinian Institutes*, 2, 12, 2.)

PRODIGALS.

I.—Prodigals (*prodigi*), when interdicted from the management of their property, were unable to make contracts which might impair their estate. (*Digest*, 50, 17, 40.) The effect of such an interdict was to disable the prodigal from alienating or encumbering his property, and for such an one a curator had to be appointed. (*Paul. Sent.*, 3, 4, 7.) Women could be declared prodigals. (*Paul. Sent.*, 3, 4, 6.)

II.—A prodigal, when interdicted, could not make a will, but a will made before the interdict was valid.

III.—Prodigals were bound to have curators, even after the age of twenty-five. Prodigals could not be witnesses to a will. (*Justinian, Institutes*, 2, 12, 2.)

The provisions made by the Roman Law may be regarded with satisfaction, and had they been acted upon in the same spirit throughout the whole Roman period as they were at its commencement, it might be claimed for them that they were adequate and beneficent. Unfortunately, the luxury and effeminacy of the later days of the Republic and of the Empire, coupled with the system of slavery, which prevailed in an ever-increasing degree to the close of the Roman period, tended more and more to promote a total disregard of the rights of the helpless and the troublesome in those days, and these persons latterly received little consideration and less mercy.

The closest and most diligent research has failed to bring to light, with the exceptions just given, any evidence of the confinement of insane patients or of their treatment together in assigned places. It is probable—indeed, we have just produced proofs of the fact that confinement was practised in dangerous cases—that the temples were utilised very largely for the treatment of acute cases of insanity, and that in those more violent and dangerous cases where restraint was found necessary, resort was had to the gaols and prisons, which have always formed a part of the system of government even in barbaric times. There is no doubt that diet and bathing, with the administration of hellebore, constituted a very considerable portion of the early treatment; and instances might be quoted of patients sent to Epidaurus for treatment in the temple of Æsculapius. This temple had a hydropathic establishment attached to it, and those troubled in mind were frequently sent to Epidaurus to undergo a course of treatment. The only other instance of the existence of any public institutions for the care of persons sick of ordinary diseases is one brought forward by Dr. Sibbald, who mentions a house situated in the Piræus which was said to be used for that purpose.

It is not uninteresting to notice, in relation to the early treatment of insanity, that the Jewish Laws contain no reference to insanity, neither does Moses deal with it in his Code. This would go to prove either that madness was unknown, which is not credible, or that those afflicted with madness were regarded as suffering from a sacred disease, *i.e.*, as afflicted by God, or, as the ancients would have said, by the gods.

II.—ASSYRIAN AND EGYPTIAN PERIOD.

It is very difficult to decide whether the most ancient physicians regarded madness as a disease which would yield to treatment or not. According to Herodotus, the Babylonians in the time of Cyrus did not employ doctors. Their custom was to carry their sick into the market or some other place of public resort, when the people congregated round the sick man and consulted about his disease, to ascertain if any of their number had suffered from a like illness, or had seen anyone else suffering from it. After a comparison of notes and due consultation, they suggested remedies, by the adoption of which they hoped the sick man might recover, as others had done before. They were not, indeed, permitted to leave the invalid until they had been asked and had expressed their views as to his ailment and its remedy. According to Strabo, this practice was followed by the Spanish muleteers, who carried out their sick into the highways in order to procure suggestions from those who had experienced a like disease.

No writer on Nineveh (which was founded B.C. 2245, named B.C. 2069, and destroyed B.C. 606, has found any trace of a definite system for the treating of disease among the ancients. The remote antiquity of medical science amongst the Egyptians is shown by the papyrus Ebers, *circa* 1550 B.C., and by the evidence afforded by a medical papyrus preserved at Berlin, of the fourteenth century B.C., which was found rolled up in a coffer under the feet of Anubis, in the town of Sokhem (Letopolis), in the time of his sacred majesty Thot the Righteous. After his death it was handed to King Snat, on account of its importance, and ordered by him to be restored to its place under the feet of the statue, and to be sealed up by the "Sacred Scribe and Wise Chief of the Physicians". M. Chabas, after the fullest investigation and a close comparison of this papyrus with the best ancient medical works, sustains the claim of Egypt to be considered the inventor of medicine. This papyrus contains several treatises, embracing nearly two hundred prescriptions for the cure of disease, of which the diagnosis is carefully recorded. According to Herodotus, the Egyptian physicians were all specialists, and each was confined to the treatment of a single disorder, and no more. Some undertook diseases of the eye, others of the head, others again, of the teeth, the intestines, the ears, the throat, or some disease "not local". There was a College of

Physicians in Egypt (B.C. 1100), in receipt of public pay and regulated by law, which prescribed the nature and extent of the practice of its members. This College belonged to the sacerdotal caste, but women were allowed to practise medicine there. According to Pliny, as physicians were paid officers of the State, they were required to treat the poor gratuitously. The fees paid were sometimes very large, and so it is improbable that the poor were treated at the consulting-rooms of the physicians except in extreme cases; from which fact many have contended that, as at Athens, so in Egypt, there were official apartments, probably a room or rooms set apart in the temples, to which the poor went at certain times, and which would correspond to the dispensary or out-patient department of modern times. However this may be, it is a fact that, although the Egyptian physicians were paid by the State, they were permitted to receive fees from private patients. It is important to notice in this connection that priests only were physicians in these times, and that they administered sacred remedies, which were wrapped up and concealed in obscure figures or hieroglyphics. A careful investigation of the plans and records of ancient temples in Egypt has failed to bring to light any mention of wards or apartments for the treatment of the sick. Every temple appears to have had its laboratories, where, it is presumed, the remedies were prepared.

We have, after prolonged research, been able to find no evidence whatever of the treatment of the insane by Egyptian physicians, except a statement made by Herodotus that many of their number devoted their attention exclusively to the treatment of diseases of the head. It is, further, not a little interesting to note that so exact and able a writer as Pinel, in his *Nosographie Philosophique*, and in his *Treatise on Insanity*, should have given the following circumstantial account of the treatment of the insane by the Priests of Saturn in Egypt: "An intimate acquaintance with human nature, and with the character in general of melancholics, must always point out the urgent necessity of forcibly agitating the system; of interrupting the chain of their gloomy ideas, and of engaging their interest by powerful and continuous impressions on their external senses. Wise regulations of this nature are considered as having constituted in part the celebrity and utility of the priesthood of ancient Egypt. Efforts of industry and of art; scenes of magnificence and grandeur; the varied pleasures of sense; and the imposing influences of a pompous and mysterious

superstition, were perhaps never devoted to a more laudable purpose. At both extremities of ancient Egypt, a country which was at that time exceedingly populous and flourishing, were temples dedicated to Saturn, whither melancholics resorted in crowds in quest of relief. The priests, taking advantage of their credulous confidence, ascribed to miraculous powers the effects of natural means exclusively. Games and recreations of all kinds were instituted in these temples. Voluptuous paintings and images were everywhere exposed to public view. The most enchanting songs, and sounds the most melodious, 'took prisoner the captive sense'. Flowery gardens and groves, disposed with taste and art, invited them to refreshment and salubrious exercise. Gaily decorated boats sometimes transported them to breathe, amidst rural concerts, the pure breezes of the Nile. Sometimes they were conveyed to its verdant isles, where, under the symbols of some guardian deity, new and ingeniously contrived entertainments were prepared for their reception. Every moment was devoted to some pleasurable occupation, or rather a system of diversified amusements, enhanced and sanctioned by superstition. An appropriate and scrupulously observed regimen; repeated excursions to the holy places, preconcerted fêtes at different stages to excite and keep up their interest on the road, with every other advantage of a similar nature that the experienced priesthood could invent or command, were, in no small degree, calculated to suspend the influence of pain, to calm the inquietudes of a morbid mind, and to operate salutary changes in the various functions of the system." This latter part is not from the *Treatise on Insanity* (*Traité Médico-Philosophique sur l'Aliénation Mentale*), where it is quoted in a note, but from the *Nesographie Philosophique*, another work by Pinel. We reproduce this description, although he gives no authority for the statement, because it has a special interest derived from Pinel's eminence and noble labours in the cause of the insane.

A writer in the *Westminster Review*, basing his statement upon the writings of Herodotus, claims that the Egyptian physicians treated lunatics upon a definite system. He renders an expression of Herodotus as "mental disorders", but it is clear that the words so rendered conveyed no such idea either to Rawlinson or Wilkinson, who translated the phrase, "diseases of the head", whilst they refrain in their notes from any remark which would justify the inference that specific treatment for insanity was known to the Egyptians. The medical papyrus preserved at Berlin, referred

to above, affords some negative evidence on this point, because it makes no mention of mental diseases, although, as before stated, the treatise contains nearly two hundred medical prescriptions for various disorders. M. Chabas says that the "technical expressions representing the names of the drugs and the ailments to which they are opposed, must be very numerous. An attempt to translate them would require the collaboration of an Egyptologist and a doctor well versed in ancient therapeutic knowledge."

In his further remarks he says, "Whereas the series of remedies as laid down in the rubrics are of three kinds—first, those to be taken internally in solid or liquid form; secondly, plasters and irritants; and thirdly, ointments and liniments, no mention of anything approaching lunacy occurs from first to last." M. Chabas, however, makes a remark with regard to the philology of the matter which is important in connection with the study of the early treatment of lunatics. He says: "The diseases are said to be attacked, destroyed, and repulsed by the remedies, as if they were enemies. The expressions to cure or relieve are very rare, and the most usual phrases are to destroy, strike, crush, scatter, etc." These phrases and the invocations show that disease was regarded by the Egyptians as a personal being, and this idea was not confined to madness only, *i.e.*, to demoniacal possession, but could be used as much of inflammation of the bowels as of lunacy. "Oh! enemy, demon, death, fall not on the head of —, son of —! It is the head of the Sun himself." This is one of the common invocations in illness, and it is instructive as showing the probable origin of the idea which became so general in the Middle Ages, that a person suffering from insanity became the subject of possession, and that the treatment must take the form of measures to expel or drive out the evil spirit or demon which had entered into the person affected by this disease.

In any case, it may be well to place on record the fact that the writer in the *Westminster Review* must have evolved from his inner consciousness the theory that specific treatment for insanity was known to the Egyptians, because the authors he relies on do not afford sufficient grounds for the conclusion he has drawn from their works. Neither in Herodotus nor in Rawlinson's and Wilkinson's notes thereon, nor in Chabas' *Mélanges Egyptologiques*, can we find any evidence to show that insanity was recognised in Egypt as a disorder pure and simple, or that it was medically treated as such. On the other hand, we have Pinel's remarkably precise statement of the treatment of the insane in the temples of Egypt.

It is also worthy of note in this connection that the monastic life had its origin in Egypt, where monasteries were founded by the monk Pachomius, whose Rule for the regulation of the monks was translated into Latin by Jerome. There were three orders of monks—(1) the Conventual, residing in little cells situated in one common building; (2) the Anchorites, who lived alone in the deserts; and (3) those who lived by “two or three, or a few more together, at their own disposal and direction, mostly in towns and castles.” We shall see later on that the bishops and monks of the early Christian Church took charge of lunatics at a very early period, and gathered them together in houses specially assigned for the purpose, such a house being known by the name of *Morotrophium*. It is quite certain that any new religious system establishing itself in Egypt must adapt itself to the *genius loci*. Seeing, then, that there is evidence that the early orders of monks took charge of those who were mentally diseased, and that monasteries had their origin in Egypt where the early founders would be forced to show a regard for the requirements of the diseased equal at least to that displayed by the priests of heathen religions, it may be possible, although we have found no evidence in support of the contentions of Pinel, that he may have had some grounds for the circumstantial statement he has made, which he unfortunately omitted to give. Egyptologists, however, laugh at this idea, and consider that his account of the treatment of insanity by the Priests of Saturn in Egypt, is not only inaccurate and untrustworthy, but positively ludicrous.

Lane, in his *Modern Egyptians*, states that “lunatics who are dangerous to society are kept in confinement, but those who are harmless are generally regarded as saints. Most of the reputed saints of Egypt are either lunatics, idiots, or impostors. Some of them go about perfectly naked, and are so highly venerated that even women do not shun them. Men of this class are supported by alms, and they often receive them without asking for them. An idiot or a fool is vulgarly regarded by them as a being whose mind is in heaven, while his grosser part mingles among ordinary creatures; consequently he is regarded as specially favoured of heaven.”

III.—LUNACY IN SACRED HISTORY.

The feeling as to lunatics which we have described as being general amongst Orientals explains much which is mentioned in the Scriptures and other sacred books. This knowledge enables us to understand the account given in the twenty-first chapter of the First Book of Samuel, of David's flight (B.C. 1063), for fear of Saul, to Achish, King of Gath. "And the servants of Achish said unto him, Is not this David the king of the land? did they not sing one to another of him in dances, saying, Saul has slain his thousands, and David his ten thousands? And David laid up these words in his heart, and was sore afraid of Achish the king of Gath. And he changed his behaviour before them, and feigned himself mad in their hands, and scrabbled on the doors of the gate, and let his spittle fall down upon his beard. Then said Achish unto his servants, Lo, ye see the man is mad: wherefore then have ye brought him to me? Have I need of mad men, that ye have brought this fellow to play the mad man in my presence? Shall this fellow come into my house? David therefore departed thence, and escaped to the cave of Adullam." This Achish was also called Abimelech, as described in the thirty-fourth Psalm, entitled "A Psalm of David, when he changed his behaviour before Abimelech; who drove him away, and he departed."

A very complete statement of the references to lunacy contained in the Bible is to be found in McClintock and Strong's *Cyclopædia of Biblical and Ecclesiastical Literature*. After saying that the Latin term *lunaticus* had its Greek equivalent (*σεληνιαζομαι*), signifying "to be moon-struck", from a belief that diseases of a paroxysmal character were affected by the light or by the changes of the moon, the symptoms of epileptics being supposed to become more aggravated with the increasing moon, the writer says that the same malady is ascribed in the New Testament to the influence of demons or malignant spirits. In the fourth chapter of St. Matthew, for instance, lunatics are distinguished from demoniacs, whilst in the seventeenth chapter of the same Gospel the name is applied to a boy who is expressly stated to have been possessed. It is evident, therefore, that the word itself refers to some disease affecting both the body and the mind, which might, or might not, be a sign of possession. It is further suggested that the one was a case of periodicity with lucid intervals, in contrast to

the continual demency of the possessed. The words in the eleventh chapter of the Second Epistle to the Corinthians, "for ye suffer fools gladly, seeing that ye yourselves are wise," are held to prove the accuracy of the statement that lunatics were highly venerated in the East as saints, or, at any rate, as individuals highly favoured of heaven. This belief, coupled with faith in the efficacy of music as a remedy in such cases, is exemplified in the case of Saul (B.C. 1063), described in the sixteenth chapter of the First Book of Samuel: "But the spirit of the Lord departed from Saul, and an evil spirit from the Lord troubled him. And Saul's servants said unto him, Behold now, an evil spirit from God troubleth thee. Let our lord now command thy servants, which are before thee, to seek out a man who is a cunning player on an harp: and it shall come to pass, when the evil spirit from God is upon thee, that he shall play with his hand, and thou shalt be well." To this Saul assented, and in consequence David came to Saul, and stood before him, "and it came to pass, when the evil spirit from God was upon Saul, that David took an harp, and played with his hand: so Saul was refreshed, and was well, and the evil spirit departed from him."

This is one of the earliest references to insanity, and the account given of it in Holy Writ goes to prove the accuracy of the accounts which we find scattered through many writers, of the attitude assumed toward lunatics by the ancients, and of the method of treatment adopted. The punishments for disobedience, mentioned in the twenty-eighth chapter of Deuteronomy (B.C. 1451), show that in those days it was a common belief that madness was one of the penalties attached by the Almighty to the breaking of His commands. Thus, in verse 28, it is stated that "the Lord shall smite thee with madness, and blindness, and astonishment of heart: And thou shalt grope at noonday, as the blind gropeth in darkness, and thou shalt not prosper in thy ways: and thou shalt be only oppressed and spoiled evermore, and no man shall save thee."

Again, we read in verses 64 and 65, "And the Lord shall scatter thee among all people, from the one end of the earth even unto the other; and there thou shalt serve other gods, which neither thou nor thy fathers have known, even wood and stone. And among these nations shalt thou find no ease, neither shall the sole of thy foot have rest: but the Lord shall give thee there a trembling heart, and falling of eyes, and sorrow of mind." Again, in the ninth chapter of Hosea (B.C. 760), "the prophet is a fool, the spiritual man is mad, for the multitude of thine iniquity, and the great hatred."

Daniel's interpretation of the madness which overtook Nebuchadnezzar (B.C. 570) illustrates the same point: "This is the interpretation, O king, and this is the decree of the most High, which is come upon my lord the king: That they shall drive thee from men, and thy dwelling shall be with the beasts of the field, and they shall make thee to eat grass as oxen, and they shall wet thee with the dew of heaven, and seven times shall pass over thee, till thou know that the most High ruleth in the kingdom of men, and giveth it to whomsoever he will. And whereas they commanded to leave the stump of the tree roots; thy kingdom shall be sure unto thee, after that thou shalt have known that the heavens do rule. Wherefore, O king, let my counsel be acceptable unto thee, and break off thy sins by righteousness, and thine iniquities by shewing mercy to the poor; if it may be a lengthening of thy tranquillity. All this came upon the king Nebuchadnezzar. At the end of twelve months he walked in the palace of the kingdom of Babylon. The king spake, and said, Is not this great Babylon, that I have built for the house of the kingdom by the might of my power, and for the honour of my majesty? While the word was in the king's mouth, there fell a voice from heaven, saying, O king Nebuchadnezzar, to thee it is spoken; The kingdom is departed from thee. And they shall drive thee from men, and thy dwelling shall be with the beasts of the field: they shall make thee to eat grass as oxen, and seven times shall pass over thee, until thou know that the most High ruleth in the kingdom of men, and giveth it to whomsoever he will. The same hour was the thing fulfilled upon Nebuchadnezzar: and he was driven from men, and did eat grass as oxen, and his body was wet with the dew of heaven, till his hairs were grown like eagles' feathers, and his nails like birds' claws. And at the end of the days, I Nebuchadnezzar lifted up mine eyes unto heaven, and mine understanding returned unto me, and I blessed the most High, and I praised and honoured him that liveth for ever, whose dominion is an everlasting dominion, and his kingdom is from generation to generation: At the same time my reason returned unto me; and for the glory of my kingdom, mine honour and brightness returned unto me; and my counsellors and my lords sought unto me; and I was established in my kingdom, and excellent majesty was added unto me. Now I Nebuchadnezzar praise and extol and honour the King of heaven, all whose works are truth, and his ways judgment: and those that walk in pride he is able to abase."

The cases of Saul and Nebuchadnezzar, with that of Ajax (B.C. 671), are the earliest known examples of insanity. Ulysse Trélat, speaking of these cases as illustrating the opinions held at the different periods, writes: "Saul, seized with a paroxysm of madness, has been described as pursued by a malignant spirit; Ajax by the wrath of the gods of mythology; and Nebuchadnezzar, attacked by *lycanthropy*, is represented as a victim of the vengeance of Heaven. If these traditions are wholly fabulous, at least they supply the proof that those who invented them had some knowledge of insanity. Besides, can any doubt be entertained on this score? Diseases of the understanding may have been less frequent than at our time, but they must be as old as the world. Although none of the writings of Pythagoras, who lived 530 B.C., have come down to us, we learn from the philosophers who followed him that epilepsy, or sacred evil (*morbus comitialis*), was not unknown to him. Now it is known what frequent disorders in the intellectual faculties this malady brings with it. Hippocrates (B.C. 460) gives a long description of the sacred evil, and frequently speaks of delirium, insanity, and frenzy."

In connection with epilepsy we may here mention a remarkable instance of insanity mentioned by Herodotus (iii, 33), as produced by epilepsy, in the sixth century B.C., in the person of Cambyses, King of Persia and Conqueror of Egypt. It is said that from his birth he was subject to fits of epilepsy, called the sacred disease.

But the Bible is not the only collection of sacred writings in which lunacy is referred to. The Buddhist Writings (B.C. 590) and also the yet more ancient Vedas and Brahminical Law Books refer to an ancient Indian custom of holding sacred two periods in each month—the times of the full moon and of the new moon. This was adopted by the Buddhists, and they held gatherings of their order on these occasions, the distinctive features of their meetings being that the brethren and sisters confessed to the Sacred Order, and heard what penances they had to perform. For use at these festivals a list of offences to be confessed and atoned for was drawn up, being known as the *Pātimokkha*. This list was read over, and each brother and sister had to say whether he or she had been guilty of any individual offence. The date of this *Pātimokkha* is about 450 B.C. (Rhys Davids suggests 250 B.C. as a probable date.) Further literary productions were gradually added, viz., the *Mahāvagga*, and the *Kullavagga*. These three collections formed a kind of handbook to the Buddhist monachism on a variety of subjects

One portion of the *Mahavagga* is devoted to medicaments, the method of introducing them being to relate that a *bhikkhu* (*i.e.*, Buddhist monk) had some disease and tried certain remedies. If these failed he made a fresh experiment till he obtained relief. The other *bhikkhus* then told the Blessed One what had been efficacious, and he replied in a set formula: "I allow, O Bhikkhus, the use of" so-and-so in certain cases. It will be seen from what follows that the Blessed One was exceedingly accommodating, and authorised the use of whatever he was informed had been of service. The whole thing, however, is almost absurd, and reads like a nasty romance rather than a presumably serious list of foods and medicaments. The following are a few extracts. In a case of lunacy it is recorded:

"Now at that time a certain *bhikkhu* had a disease not human. Though his teacher and superior nursed him they were not able to make him well. He went to a place where swine were slaughtered and ate the raw flesh and drank the blood. Thereby his sickness abated. They told this thing to the Blessed One, who said: 'I allow, O Bhikkhus, in the case of a disease not human the use of raw flesh and blood.'" Again it is written: "Now at that time a certain Bhikkhu suffered from the *ghara-dinnaka* disease" (a disease arising from a philtre, which, when given, brings another into one's power, *i.e.*, he was bewitched, suffering from the results of sorcery). In this case the Blessed One said: "I allow you, O Bhikkhus, to give him to drink a decoction of soil turned up by the plough." Further on the Blessed One again holds forth, and decrees that, "In case, O Bhikkhus, the bhikkhus who have entered upon Vassa are troubled by demons; the demons enter into them, and take their power from them; this is to be considered a case of danger, and they ought to leave that residence. They are not guilty of interruption, of Vassa." Then the Blessed One thus addressed the Bhikkhus: "Assemble, O Bhikkhus, the Samgha has duties" (*i.e.*, official acts) "to perform." When he had spoken thus, a certain Bhikkhu said to the Blessed One: "There is a mad Bhikkhu, Lord, called Gagga, who is not present." On this the Blessed One remarks: "There are, O Bhikkhus, two sorts of madmen. There is one mad Bhikkhu who now remembers the Uposatha, now does not remember it; who now remembers official acts (of the Order), now does not remember them; and there is another mad Bhikkhu who does not remember them, one who now goes to Uposatha, now does not go, who now goes to official acts, now does not go. Now, O Bhikkhus, to him

who now remembers the Uposatha . . .”(down to) “now does not go”, “to such a madman I prescribe that you grant unmattakasammuti (*i.e.*, madmen's leave). And you ought, O Bhikkhus, to grant it in this way. Let a learned and competent Bhikkhu proclaim the following natti before the Samgha : There is a mad Bhikkhu called Gagga, who now remembers the Uposatha . . .”(down to) “now does not go”. “Let him therefore be free to remember and not to remember, free to go to Uposatha, and free not to go ; and let it be free to the Samgha to hold Uposatha, and to perform official acts with, as well as without, Gagga.” In a kind of response to this the assemblage say : “Let him be free . . .”(down to) “without Gagga” ; and the Blessed One closes the discussion with the announcement, “Thus I understand the Natti.”

Of course there is much that is amusing in the foregoing ; but we have thought well to reproduce it, as showing the ideas which prevailed among the Buddhists on the subject of madness and demoniacal possession about B.C. 450.

Dr. Wise, writing on a period five hundred years earlier, *i.e.*, B.C. 1000, in his Review of the Ancient State of Medicine among the Hindus as demonstrated in the Susruta and the Charaka, supposed to be commentaries on the Ayur-Veda, tells us that the term insanity *unmada* comprehended, according to the Hindu Law, not only madness and idiotcy, but likewise all those who laboured under any kind of fatuity. The causes of insanity are stated in the Susruta and Charaka (which are supposed to be only partly the production of the authors whose names they bear) to be improper food, great physical exertion, strong passions of the mind, and various poisons. By such causes, said these ancient sages, the wind, bile, and phlegm are deranged so as to affect the state of the understanding. Six different kinds of madness are enumerated by Susruta, three being produced by derangements of the wind, bile, and phlegm ; one by a combination of these ; one by the violent action of the passions ; and one by poisons. The treatment of all the forms of madness consisted in cleaning the body and anointing it with mustard oil ; giving *ghee* (*i.e.*, clarified butter) for some days, and then purgatives. During the cure, the person was to be treated as much as possible with kindness, but he must be threatened, or even beaten, with a whip should he act improperly. This last form of treatment, it will be noticed, which was practised by the Hindus, was altogether repugnant to the Buddhists, although many of their remedies, as given above, would

probably be regarded as distinctly worse than being beaten with a whip.

In tracing, as we are endeavouring to trace, the connection between religion and the treatment of insanity, we must not omit to point out that, throughout the whole world, physic was originally almost exclusively confined to and practised by the priests. Not only was this the case amongst the Jews and Egyptians, but it was the case also amongst the Hindus, who called their doctors *Brachmans*, as well as amongst the inhabitants of France, Germany, and ancient Britain, where they were called Druids. Further, although we intend to defer for the present a full account of the treatment of demoniacs, which was one of the great features of the Middle Ages, it may be well to quote McClintock and Strong once more, with a view to show the interpretation put by the orthodox theologian of the present day on the references to such possessed persons as are contained in the New Testament.

"Demoniacs" (rendered "possessed with a devil") "was", say these writers, "a term frequently used in the New Testament, and applied to persons suffering under the possession of a demon or evil spirit, such possession generally showing itself in bodily disease or mental derangement. The same word is used in a nearly equivalent sense in classical Greek, except that an idea of spirits distinctly evil and rebellious hardly existed; such possession was referred to the will of the gods, or the vague prevalence of an Ate or Fury. Neither word is employed in this sense by the Scriptures; but in Our Lord's time (as is seen, for example, constantly in Josephus) the belief in the possession of men by demons, who were either the souls of wicked men after death or evil angels, was thoroughly established amongst the Jews, with the exception of the Sadducees alone. Demonised persons in the New Testament are those who are spoken of as having a demon or demons occupying them, suspending the faculties of their minds, and governing the members of their bodies, so that what was said and done by the demoniac was ascribed to the indwelling demon. Plato affirms that demoniacs did not use their own dialogue or tongue, but that of the demons who had entered into them. Lucian says the patient is silent; the demon returns the answer to the question asked. Apollonius thus addresses a youth supposed to be possessed: 'I am treated contumeliously by the demon, and not by thee.' With regard to the frequent mention of demoniacs in Scripture, three main opinions have been started."

“(1) That of Strauss and the mythical school, which makes the whole account merely mythical, without basis on fact. The possession of the devil is, according to this idea, only a lively symbol of the prevalence of evil in the world, the casting out of devils by Our Lord the corresponding symbol of His conquest over the evil power by His doctrine and His life. This case stands or falls with the mythical theory as a whole: with regard to this special form of it, it is sufficient to remark the plain, simple, and prosaic relation of the fact, as facts are; whatever might be conceived as possible in highly poetic and avowedly figurative passages, would make the assertion here not merely a symbol or figure, but a lie. It would be as reasonable to expect a myth or symbolic fable from Tacitus or Thucydides in their accounts of contemporary history.”

“(2) The second theory is, that Our Lord and the Evangelists, in referring to demoniacal possession, spoke only in accommodation to the general belief of the Jews, without any assertion as to its truth or falsity. It is concluded that, since the symptoms of the affliction were frequently those of bodily disease (as dumbness, blindness, epilepsy, or those seen in cases of ordinary insanity), since also the phrase ‘to have a devil’ is constantly used in connection with, and is apparently equivalent to, ‘to be mad’, and since, lastly, cases of temporary possession are not known to occur in our own days, therefore we must suppose that Our Lord spoke and the Evangelists wrote in accordance with the belief of the time, and with a view to be clearly understood, especially by the sufferers themselves, and that the demoniacs were merely persons suffering from unusual diseases of the body and mind.”

After ably stating some forcible objections to this theory, which we have not space to quote, the writer proceeds: “It must be added, that to say of a case that it is one of disease or insanity, gives no real explanation of it at all. It merely refers it to a class of cases which we know to exist, but gives no answer to the further question, How did the disease or insanity arise? Even in disease, whenever the mind acts upon the body (as, *e.g.*, in nervous disorders, or epilepsy, etc.), the mere derangement of the physical organs is not the whole cause of the evil; there is a deeper one lying in the mind. Insanity may indeed arise from a physical injury or derangement of those bodily organs over which the mind exercises its powers, but far oftener it appears

to be due to metaphysical causes acting upon and disordering the mind itself.

"In all cases where the evil lies not in the body, but in the mind, to call it only disease or insanity is merely to state the fact of the disorder, and give up all explanation of its action. It is an assumption, therefore, which requires proof, that, amid the many inexplicable phenomena of mental and physical disease in our own days, there are none in which one gifted with 'discernment of spirits' might see signs of what the Scripture calls possession. The truth is that here, as in many other instances, the Bible, without contradicting ordinary experience, yet advances to a region where human science cannot follow. As generally it connects the existence of mental and bodily suffering in the world with the introduction of moral corruption by the Fall, and refers the power of moral evil to a spiritual and personal source, so also it asserts the existence of inferior spirits of evil, and it refers certain cases of bodily and mental disease to the influences which they are permitted to exercise directly over the soul and indirectly over the body. Inexplicable to us this influence certainly is, as all action of spirit on spirit is found to be, but no one can pronounce *à priori* whether it be impossible or improbable, and no one has a right to eviscerate the strong expressions of Scripture, in order to reduce its declarations to a level with our own ignorance."

"(3) We are led, therefore, to the ordinary and literal interpretation of these passages that there are evil spirits, subjects of the Evil One, and who, in the days of Our Lord Himself and His apostles especially, were permitted by God to exercise a direct influence over the souls and bodies of certain men. This influence is clearly distinguished from the ordinary power of corruption and temptation wielded by Satan through the permission of God. Its relation to it indeed appears to be exactly that of a miracle to God's ordinary providence, or of special prophetic inspiration to the ordinary gifts of the Holy Spirit. Both, that is, are actuated by the more general principles, and tend to the same general object; but the former is a special and direct manifestation of that which is worked out in the latter by a long course of indirect action. The distinguishing feature of possession is the complete or incomplete loss of the sufferer's reason or power of will; his actions, his words, and almost his thoughts are mastered by the Evil Spirit (see Mark, i, 24; v, 7; Acts, xix, 15) till his personality seems to be destroyed, or if not destroyed, so overborne as to produce the

consciousness of a two-fold will within him like that sometimes felt in a dream. In the ordinary temptations and assaults of Satan, the will itself yields consciously, and by yielding gradually assumes, without losing its apparent freedom of action, the characteristics of the satanic majesty. It is so solicited, urged, and persuaded against the strivings of grace, but not overborne. Such possession, however, is only the special, and as it were miraculous, form of the 'law of sin in the members', the power of Satan over the heart itself, recognised by Paul as an indwelling and struggling power, nor can it be doubted that it was rendered possible in the first instance by the consent of the sufferer to temptation and sin.

"That it would be most probable in those who yielded to sensual temptations may easily be conjectured from general observation of the tyranny of a habit of sensual indulgence. The case of the habitually lustful, the opium eater, and the drunkard (especially when struggling in the last extreme of *delirium tremens*), bear, as has often been noticed, many marks very similar to those of the Scriptural possession. There is in them physical disease, but there is often something more. It is also to be noticed that the state of possession, although so awful in its wretched sense of demoniacal tyranny, yet, from the very fact of that consciousness, might be less hopeless and more capable of instant cure than the deliberate hardness of wilful sin. The spirit might still retain marks of its original purity although, through the flesh and the demoniacal power acting by the flesh, it was enslaved.

"Here, also, the observation of the suddenness and completeness of conversion seen in cases of sensualism, compared with the greater difficulty in cases of more refined and spiritual sin, tends to confirm the record of Scripture. It was but natural that the power of evil should show itself in more open and direct hostility than ever in the age of Our Lord and His apostles when its time was short. It was natural also that it should take the form of possession in an age of such brutal and unprecedented sensuality as that which preceded His coming and continued until the leaven of Christianity was felt. Nor was it less natural that it should have died away gradually before the great direct, and still greater indirect, influence of Christ's Kingdom. Accordingly, we find early Fathers alluding to its existence as a common thing, mentioning the attempts of Jewish exorcism in the name of Jehovah as occasionally successful, but especially dwelling on the powers of Christian exorcism to cast it out from

the country as a test of the truth of the Gospel. By degrees their mention is less and less frequent, till the very idea is lost or perverted."

We have thought it desirable and interesting to give the orthodox idea of demoniacal possession before closing this section which deals with sacred history in connection with lunacy. Whatever the reader's opinions may be, all will admit that the views of the writers we have quoted are ably expressed, and that they contain much which is well worthy of serious consideration.

IV.—MEDICAL AND SCIENTIFIC.

Although, as may be gathered from what has preceded, it is not easy to localise institutions or to produce direct evidence of the existence of asylums in the pre-Christian days, still we are convinced that among the more civilised nations of antiquity the insane were generally placed under definite treatment. We are further convinced, as the result of much inquiry and investigation, that madmen were placed together in the same building or buildings where they could be under observation and treatment. This view is confirmed by a study of the earliest writers on insanity, a list of whom will be found at the end of the volume. They had very clear and accurate views, not only of the malady, but of the right and best methods of treatment. These early works, by the accuracy and minuteness of much that they contain, prove to demonstration that the writers must have studied insanity very closely, and must also have had experience of the various phases of very many cases. We find several allusions made which point clearly to the existence of a provision in one building for several cases under proper supervision. One of the earliest, as he is certainly one of the ablest writers, Aretæus of Cappadocia, who lived A.D. 80, in his description of patients suffering from fury or mania, says: "Others, on the contrary, plunge into a delirium of fury, tear their clothes, are disposed to kill *the superintendents*, to maltreat everybody in front of them, and to turn their blows upon themselves."

Such allusions to the superintendents are not infrequent, and the general tenor of the remarks made, as in the foregoing passage, tends to prove, as Ulysse Trélat points out, after making the closest researches from the earliest days of history, that the knowledge of the nervous system and its ailments was highly developed in the

past ; that the importance was recognised in the earliest days of a special treatment for insanity, and of a rational intellectual system ; that the ancients, who had no hospitals, did, however, collect lunatics together to treat them ; that they recognised and pointed out the dangers of violence, indicated the ways of restraining patients without hurting them, and always dissimulating to them with regard to the measures proposed to be adopted towards them ; that they appreciated the importance of systems of diet, laying down dietetic principles to which we are still obliged to conform ; and, finally, that all physical methods actually employed in the present were already very judiciously so employed by the ancients, at any rate in the early days of the Christian era.

Summing up the whole matter, this writer declares : " Our investigations have enabled us to draw another conclusion which is not without importance from an historical point of view. The ancients had seen and observed lunatics collected together in large numbers. This opinion, not previously advanced, and opposed to the absence of hospitals in bygone days, needs substantiation. The earliest hospitals were only established shortly after the time of the Emperor Julian ; but lunatics having always been dangerous people, it must certainly have been necessary to think of using the same precautions against them as against malefactors. Very probably they were confined in the prisons, whose existence at every time and with every nation tradition reveals to us. It is obvious from the writings of the ancient doctors whom we have quoted, that they have seen these patients assembled together. Indeed, had this not been so, how could they have classified the different sorts of insanity, described them with so much truth, and displayed so thorough an acquaintance with this disease ? Do they not tell us, moreover, of their superintendents, and of precautions of every kind, which obviously could not apply to isolated patients ? The most extended practice could not have enabled them to collect the individual facts, nor to arrive at the generalisations which they have bequeathed to us about this disease."

From the foregoing we may conclude—

- (1) That the ancients had seen assemblages of lunatics ;
- (2) That they had felt the importance of a special treatment for this disease, of a special type of habitation, and of a rational intellectual system ;
- (3) That they had recognised and pointed out the dangers of violence, capable of developing those very accidents for the re-

pression of which it was intended to be employed ; that they had indicated the ways to restrain patients without hurting them, and always dissimulating to them with regard to the measures proposed to be adopted towards them ;

(4) That they understood all the importance of systems of diet and all the influence that could be exercised by stimulating preparations, solid or liquid, upon the progress of this disease ; that they had laid down dietetic principles to which we are still obliged to conform ; that all the curative means now employed, such as general and local bleeding, baths, douches, voyages, mineral waters, gymnastic exercises, etc., were so employed by them ;

(5) That, in a word, they were almost as far advanced in the first century with regard to diagnosis, and possibly farther advanced with regard to treatment, than were we only a few years ago, after 1,800 years' study.

The earliest writers on the subject were Hippocrates (B.C. 460), Asclepiades (B.C. 90), Aretæus of Cappadocia (A.D. 80), and Soranus (A.D. 95 or 96). The two last are, as we shall see, by far the most important, and it is not a little remarkable that the works of Soranus, which were translated and slightly modified by Cœlius Aurelianus about a hundred years later, should have been handed down to us as the original work of the translator and not of their author. In this way Cœlius Aurelianus has managed to get all the credit for the works of one of the greatest authorities and writers on insanity, although he himself appears to have known very little on the subject, to have had no originality, and to have written personally practically nothing of value. After these come Galen (A.D. 150), and his imitators and copyists, Marcellus of Seida, and Nemesius, Bishop of Emesa, who flourished in the fourth century A.D., and the latter of whom seems to have been a man of considerable gifts and no little shrewdness and observation. Alexander Trallianus (A.D. 560) contributed something to the subject ; but the greatest, most practical, and most surprisingly accurate and relevant of all the early writers after Soranus, seeing that what remains to us of the works of Aretæus contains nothing as to treatment, was undoubtedly Paulus Ægineta, (A.D. 630). Well would it have been for the world, or at any rate for the world of lunatics, had the teachings and treatment of Paulus Ægineta been universally adopted, or at least generally known and recognised by the various nations during the next eleven centuries. As a matter of fact, his system and wise counsels

seem to have been entirely forgotten during all these centuries, and it was not until the advent of Pinel (A.D. 1742 to 1826) that the insane were treated as persons suffering from maladies the treatment and cure of which demanded the highest order of intelligence and humanity. We have said, in confirmation of the views expressed by Ulysse Trélat, that there must have been some systematic and collective treatment of the insane in ancient times. These views are based upon the writings of the authorities to whom we have alluded, and it cannot fail to be of interest to conclude this portion of our subject by quoting certain passages from some of the most eminent of their number. It will be seen that in the first century after Christ, the knowledge possessed by those who had to deal with the insane, and their views as to treatment, were as humane, as efficient, and in every respect as admirable as those to be met with in the best administered and most modern of the asylums of to-day. We have not space to quote, nor in a work of this description should we be justified in quoting, the accurate descriptions of the different forms of insanity given by Aretæus, Soranus, and Paulus Ægineta—a trinity of lunacy experts so able and accurate as to place them for all time in the first rank of medical observers. We therefore content ourselves with briefly reproducing the treatment advocated by the two latter writers, and we would recommend all who are interested in the subject to study very closely the works the titles of which will be found in the bibliography given in another part of this work.

Soranus flourished a few years before the reign of Trajan. He is very little known, by reason, as we have already stated, of his translator, Cœlius Aurelianus, having appropriated to himself all the credit due to this most practical lunacy specialist. Soranus' aim seems to have been to continue the work of Aretæus, and to add to it a definite system of treatment, including abundant bleedings, applications of an exciting kind to the affected organ, douches, sea baths, and natural mineral waters (especially such as are warm). He gives many amusing illustrations of cases which prove the accuracy of the definitions of the various forms of lunacy either seen by himself or described by others. Thus Apollonius is credited with the statement that Artemidorus, the grammarian, was seized with such terror at the sight of a crocodile stretched out on the sand that he was instantly possessed with the idea that his left foot and hand had been eaten by the animal, and this caused him so much terror

that he at the same time forgot all that he knew. It was a common belief from the most ancient times that patients suffering from mania not only suffered, like Artemidorus, from a total oblivion of the past, but that they possessed frequently the gift of prophecy, which belief caused Demetrius and others to state that short attacks of mania were very frequently accompanied by an extension of the intellectual faculties.

These views excited the ridicule of Soranus, who speaks very lightly of these supposed gifts of prophecy, and seems to attach very little, if any, credit to the theory. It is interesting in this connection to observe that the same class of patients are stated to imagine that they have assumed a totally different form from their own. Thus "one fancies himself a sparrow, a cock or an earthen pot; another thinks that he is a tile or a god, an orator, a comic or tragic actor; whilst a third gravely carries a straw reed about and imagines he is holding the sceptre of the world. Others are known to wail like a child, and ask to be carried in the arms of the attendants, or else fancy that they are mustard seeds, and are in perpetual terror of being eaten by a fowl." These extracts show that the various forms of delusion under which the insane often labour were fully recognised and known in the earliest times, and we might easily add to them other accounts showing that most, if not all, forms of insanity were then clearly diagnosed and classified.

Turning now to the methods of treatment, we find that Soranus describes the principles that ought to govern it as follows: "Maniacs ought to be placed in a moderately light room with regulated temperature, the quiet of which no noise can disturb. No paintings shall ornament the walls of their dwelling-place; the air shall penetrate into them through raised windows. They shall be placed on the ground-floor rather than in the upper stories, for most of them are inclined in their fury to throw themselves on the ground. Their beds ought to be very firmly fastened, and placed so that the patients may not see people coming in, or be irritated by a number of faces. If they are so excited that no other bed than straw can be given them, it ought to be carefully chosen, prepared, and have everything hard picked out of it, so that it may be soft and inoffensive to the touch. If any part of the body has suffered from the patient's movements, lukewarm applications must be made to it, holding the patient *during this time* by soft, clean textures passed round the head, shoulders, and chest. The fomentations

employed must be of warm oil, mixed, because of its emollient properties, with a light decoction of 'fenu-grec', mallow, or linseed. **Frequent going out and in shall be forbidden, especially to strangers, and the superintendents shall have strict instructions to repress the errors of the patients in such a way as not to exasperate them by too much sharpness, and yet not permit them to increase their unreasonable demands by too much weakness ; but, on the contrary, to allow them to see always that their faults have been recognised, and to use with them sometimes an indulgence with a motive, and sometimes a reprimand, free from bitterness, to enforce the advantages of doing better. If they get excited and give trouble in being kept in bounds, or if they are irritated by solitude, recourse must be had to a certain number of attendants, who must be directed to obtain control over the patients, unperceived by them, coming near to them as if to rub them, so as never to provoke them. If the sight of men irritates them, and only in very rare cases, use shall be made of ligatures, but with the greatest precautions, without any violence, carefully covering all the articulations, and being particularly sure only to use bonds of soft and delicate texture ; for means of restraint, employed without management, increase and even originate fury instead of calming it. If lunatics feel fear and respect for any one person they must not see him too often, for constant interviews compromise such an ascendancy. But in cases of need, and when they resist the will of those around them, recourse must be had to this authority inspired by fear and respect. If it is observed that light excites them, an attempt must be made to keep it away from their eyes, without removing the rest of their body from its influence. It is advisable to employ abstinence at first, and to rely upon bleeding, if their strength allows of this. If no other counter-indication is presented it ought to be repeated from time to time. One of the best means of estimating the amount of strength is to be found in the state of the pulse, and **great attention must be paid to its strength or weakness.**"**

"In beginning to give them food the greatest precautions must be taken, and only the thinnest, lightest, and most easily digested things, such as boiled bread, or a light soup of spelt, or any similar preparation, must be allowed. The patient ought to be nourished in this way every two days during the decline of his malady. Injections must not be neglected if his evacuations are not regular. In a large number of cases the stomach ought to be covered with emollient cataplasms going down to the groin and region of the

bladder, in order that no organ may experience the slightest friction if possible ; for, however slight it may be, it does not fail in such a case to be felt in the head. The form of delirium ought to be very carefully observed, and recourse had to the salutary influence of moral impressions, of bright ideas, and new ideas capable of giving relaxation to the mind. If the illness remains stationary the head ought to be shaved. Scarified cuppings are to be applied first to the breast between the shoulders, for these upper regions are closely connected with the head, and then to the occiput at the vertex, and to the temples. But these applications to the head must neither be too close together, nor too freely made, for their excessively keen exciting powers, instead of only acting upon the teguments, would call the blood from the other parts of the body to the one already affected, and would consequently increase the insanity. Leeches may also be applied to the forehead or temples, care being had to afterwards arrest the flowing of the blood by cataplasms of bread, or any other softening material, or by sponges full of warm water. If the symptoms persist, the same means must be adopted the second or third day, and several times according to need. If the regions covered with cuppings and punctures of leeches are painful, they are to be moistened either with oil or with a decoction of mallow-water, or ointments of cold cream are to be applied. If wearisome vigils supervene, trial should be made of carrying them on a suspended bed, or on a bearer's chair, or even on crossed hands. Use may also be made of the noise of a perpetually falling stream of water from a certain height ; this monotonous sound often sends patients to sleep. The application of warm sponges to the eyelids relaxes the callosity of which they become the seat after long deprivation of sleep, and perhaps extends its emollient action to the membranes of the brain."

"When the access declines, that the delirium may be dispelled and sleep restored, more varied, slightly restorative, diet must be given. When the patients have recovered strength, they must be obliged to go in for walking and bodily exercise, which are always useful for the preservation of health, but particularly beneficent in such a situation. It is necessary also to engage them in practising their voice ; they are to be made to read writings containing faults, which will give them at the same time the advantage of practising their minds in pointing out the imperfections of style before their eyes. The reading allowed them must always be simple, and easy to understand. Conversations are to be held with them, and ques-

tions put to them without ever fatiguing them ; for this kind of work, and also that of assiduous reading, cause as great lassitude as excessive bodily movement. After the reading, recourse shall be had to stage-plays, the amusement of which will dispel a gloom ready to make itself felt, or frivolous fears on the point of waking up."

"At a more advanced stage of the treatment the patients are to be occupied in more serious meditations and discussions, to restore to their mind all its capacity, but taking the precaution that the commencement of subjects treated is not heated, that the narration and demonstration on the other hand are clear, complete, and demanding animated delivery, and that the epilogue is brief and unadorned. Among the audience ought to be only acquaintances of the patients, who would give the orator's mind rest from time to time by their kindly applause. After this exercise they should be urged to walk or to rub their persons well."

"With regard to those who are illiterate, questions referring to their condition in life only can be discussed with them. Thus, to the labourer one must talk of agriculture, to the sailor of navigation. In dealing with a man who is ignorant of everything, you can only offer him very general subjects or series of numbers. In short, food may be found applicable to every sort of mind ; but it is especially important to float the one dealt with in a pleasant way."

In this translation of Soranus, Coelius Aurelianus next points out how the anointings and rubbings he advocates are to be done : he orders them to be made on the shoulders and neck first, lightly at the start, and then more strongly ; next on the head ; after which he recommends a bath. Going on, he says :

"The food ought, as has been said, gradually to become more substantial. After having given vegetables and 'herbages', fish may be reached, then the brains of different animals, which are a highly digestible form of diet, and next to small birds. Larger birds will only be allowed later, such as thrushes and young pigeons, and greater reserve still must be shown in allowing hare and roebuck. A little weak, light wine may be allowed at first every five days, then four, three, two, until finally they have thus reached a daily allowance."

"When the patient shows no fresh symptoms, and has become less impressionable, change of air will be of great benefit. Voyages by sea and land, every variety of distraction, mental recreations, agreeable, kindly conversations, will all produce an excellent effect,

for boredom and gloomy humours easily overtake those they have once affected ; and if men who are healthy and well may suddenly fall into various morbid states under the influence of grief, these effects are far more to be feared in the case of men who are hardly cured, and who may be said to be still within the atmosphere of their disease. A convalescent, if he desires it, may have leave to go to hear the lectures of the philosophers. They often dispel sadness, fear, and fits of passion, and may thus contribute greatly to the re-establishment of health."

If the illness, instead of being cured, persists, or gets worse, Soranus recommends a return to the means employed—to the applications, embrocations, cuppings, cutting of the hair, exposing the body to the sun's heat, provided the head is protected from its influence, to mustard poultices, and to violent exercise of varying form. Moreover, he clearly establishes the distinction between real duration of the malady and the persistence of some symptoms which would only indicate a perfectly natural influence of the law of custom.

The translated works of Soranus next proceed to combat several prescriptions given by his predecessors concerning the treatment of maniacs :

"They prescribe", he says, "their being placed in all cases in the dark, without inquiring whether frequently the absence of light does not irritate them, or satisfying themselves if this condition cannot often help to puzzle the head more than it actually is. They also prescribe excessive abstinence without any exception, forgetting that this is a sure way sometimes to throw the patient into a mortal weakness, and to remove him from the influence of those means which might be brought into action if he were less exhausted. They seem mad themselves, rather than disposed to cure their patients, when they compare them to wild beasts, to be tamed by deprivation of food and the tortures of thirst. Doubtless led away by the same error, they want to chain them up cruelly, without thinking that their limbs may be bruised or broken, and that it is more convenient and easier to restrain them by the hand of man than by the often useless weight of irons. They go so far as to advocate personal violence, *the lash*, as if to compel the return of reason by provocation such as this : a deplorable treatment, which only aggravates their condition, covers their limbs with blood, and offers them the sad picture of their sufferings the moment they recover the use of their understanding. They order

their being sent to sleep by the influence of drugs, of opium, and produce a drowsiness and morbid torpor instead of a healthy sleep. They rub the head with rose-oil, wild thyme, or castoreum, and thus excite the organs which need relaxation. They make a very injudicious use of the application of cold, not knowing how very stimulating this therapeutic measure is. They also resort to irritant injections out of all bounds, and often the only result of these more or less acid injections only proves to be dysentery. They prescribe drunkenness, as if mania were not frequently caused by excesses with wine. They use without discretion the stimulant of music, which may have good results when properly applied, and on the contrary may do much harm in a large number of cases. It has been said that the Phrygian rhythm, full of softness and at the same time of vivacity, was well suited to those who were alternately overwhelmed with grief and transported with fury, and the Dorian warlike strain was adapted for those who gave themselves up to trifles and bursts of childish laughter; but it often happens that similar harmonies put an end to furious paroxysms in patients, which has caused the saying that they are possessed by a Divine Spirit. It has also been prescribed to try to make the insane accessible to love; but this passion is often the cause of their disease. Thus, some have been known to fancy themselves descending into hell through love for Proserpine, and to fancy they have obtained the privilege of marriage with a goddess, although she might be someone else's wife. A man in love with the nymph Amphitrite throws himself into the sea. The old Greek chronicles tell how a woman of royal birth, overcome with repentance at her weaknesses, slew her children with her own hands. It is absurd to think that love, often a fury, can repress furious excitement. It is difficult to say if sexual intercourse should be allowed to lunatics: repression of their desires sometimes excites them, but oftener still they develop a more troublesome condition afterwards."

Celsus, who lived about the first century, writes a good deal about insanity. In his writings the doctrines of Hippocrates and other ancient physicians are faithfully given. Galen too, A.D. 131-200, has preserved many things of consequence, which are not to be found in others of this period.

The only thing worth relating in the writings of Alexander of Tralles (A.D. 500), is the story, which later writers have so often told, of the patient who thought his head had been cut off by order

of the tyrant, but who was cured as soon as the doctor conceived the happy idea of making him wear a leaden hat, the great weight of which made him think his head was restored to him. He relates also another story, which has been served up as original by many writers in later times. A woman thought she had swallowed a snake, and that it continued to exist in her stomach. After many remedies had been tried, the doctor at length gave her an emetic, taking care, on a favourable opportunity, to slip into the basin a reptile similar to that her imagination presented to her, and so effected a complete cure. The less said of Alexander Trallianus' prescriptions the better, seeing that they resemble nothing so much as the recipes witches are supposed to favour, and are, therefore, almost without exception, wholly ridiculous.

Less than a century later (A.D. 630), Paulus of Ægina once more codified all the wisest teachings of the ancient physicians, and again urged that lunatics should be placed in a room only moderately lighted, of medium temperature, but unadorned with pictures. The patients were only to be visited by their most intimate friends; when violent or disorderly they were to be restrained—the rich by their servants, the poor by flexible bonds so disposed that they could neither wound nor even cause irritation. After sound clinical advice, he endorses the views of Soranus as to melancholia, and recommends a quiet place, baths, and mental recreations as the first conditions of treatment of this disease. He also advocates diuretic substances and, in some particular cases, purgatives for the different parts of the intestinal canal, a water diet and the avoidance of meat, particularly beef, venison, and roe, and equally lentils, cabbages, snails, and black, thick wines. Speaking of maniacs who are freed from all restraint, he says they give themselves up to the extravagances of wild beasts, and often beat those who are rash enough to get in their way. He insists upon invariable gentleness in their case, the avoidance of all violence, and that as far as possible the unpleasant taste of things given them must be disguised. Above all, they must be restrained with the greatest possible management, and arrangements should be made by which they may be carried on a small couch suspended inside a bed specially prepared for them.

Can any reader who is familiar with lunacy, after reading this account of the methods of treatment advocated in the earliest times, venture to argue that the ancient physicians, whose treatment we have reproduced, were, so far as that treatment extended,

less enlightened or less intelligent, less able or less well-informed, than the medical practitioners of to-day who so self-denyingly labour to cure, or at least to alleviate, the torments and sufferings of the insane commended to their care?

It may be well here to add that amongst the Arab doctors scarcely anything new is to be found bearing on this subject. Those who are acquainted with the opinions of Avicenna and other Arabian authors, must be aware of the truth of our contention. It is, however, creditable to Avicenna that he should have declared that no form of melancholia has anything to do with demoniacal influences, as was popularly believed in his day and during several centuries afterwards. Having regard to some of the practices which found favour in the earlier portion of the nineteenth century, it is truly amusing to notice that, among the forms of treatment specially recommended by Avicenna, is the exercise of swinging.

Of asylums proper, in existence during any portion of the period we have been considering, there appears to be evidence of the existence of only two such institutions. One was known to exist at Jerusalem, A.D. 491, and the other, and apparently the first asylum ever founded, is referred to by Ducange in his "*Commentary on the Byzantine History*". (The Byzantine period extends from about A.D. 325 to 1205.) Ducange states that among the thirty-five establishments of charity in Constantinople, in addition to the hospital or asylum for the sick, there was also the *morotrophium*, or house for lunatics. Possibly one or both of these were representative of the most ancient type of institution established for the reception of the insane, where possibly Aretæus and Soranus, but certainly Paulus Aegineta studied this disease, and so acquired that intimate knowledge of it which we have shown them to have possessed.





CHAPTER II.

THE PERIOD OF DEMONIACAL POSSESSION, WITCHCRAFT, AND AUTO DA FÉ.

600 A.D. TO 1750.



SO far in the world's history, *i.e.*, from the earliest days to A.D. 600, the treatment of lunatics has been shown to have been, on the whole, humane, considerate, and sensible. It is true that it has been difficult to adduce positive evidence of the existence of asylums prior to A.D. 325, but it is apparent that the insane must have been treated all together in considerable numbers during the latter part of the pre-Christian era, and subsequently.

Reviewing the history of the treatment of the insane from the earliest days down to the middle of the nineteenth century, Ulysse Trélat aptly points out that, since the first century, science retrogrades rather than advances so far as the intelligent treatment of the insane is concerned. He declares, not without disgust, after so much that is positive and so many investigations made in the right direction, civilised nations have remained content with the blindest and most superstitious empiricism. "We have", he declares, "still to follow up the retrograde movement stamped upon science. Soon we shall have to bewail fresh errors, for long years must elapse before the yoke of old superstitions is shaken off and scientific researches cease to be confounded with the superstitious dreams of sorcery and the incarnation of demons." Ulysse Trélat lived long enough to see the dawn of better things, and, although no doubt there is still much which needs reformation to be met with in certain civilised countries, still it cannot be questioned that during the last twenty years the improvements

which have been introduced, and the humane and intelligent principles almost everywhere acted upon in treating insanity, ought rightly to be regarded with feelings of the fullest satisfaction and thankfulness by all who believe that dependents have paramount claims to the maximum of consideration and kindness from those more fortunately circumstanced than themselves.

Before the present period of enlightenment was reached, *i.e.*, during many centuries, the lot of the insane was one not only of mental, but of bodily, torment. Those who were not burnt or brutally done to death in some other way, were either permitted to roam at large—usually in the most miserable plight—or, being violent, were placed in dungeons and cruelly ill-treated and starved, to the lasting disgrace of those who were responsible for their incarceration. Whatever may be said or thought of the ancients and their dealings with the insane, no just and truthful writer, who has taken the pains to make himself acquainted with all the circumstances of the case, can fail to admit that the ancients, and especially the early Christians, left little to be desired in this connection. Indeed, when we have done all that we possibly can do to benefit this unfortunate class of the community, even then, in some respects at any rate, it is doubtful if the unfortunate patients are more happily circumstanced now than they were centuries ago when placed in the charge of an eminent physician like Aretæus, or Soranus, or Paulus Ægineta.

It is true, as Ulysse Trélat states, that science retrograded rather than advanced, so far as the intelligent treatment of the insane is concerned, down to the middle of the nineteenth century. For the purposes of this review we have felt it desirable to divide the thirteen centuries to be dealt with into two parts: first, the period from A.D. 600 to 1750, which we may describe as that of demoniacal possession and witchcraft; and secondly from 1750 to 1850—that is, the period immediately subsequent to the abolition of trials for witchcraft, during two-thirds of which time inhuman and brutal treatment of the insane in monasteries, prisons, and elsewhere was substituted for treatment by sacrifice at the stake, which was the cure prescribed during the larger portion of the previous twelve centuries. At the outset we must caution the reader against forming an incorrect opinion of the actual state of affairs with regard to lunatics all over Europe, in consequence of the errors made originally by Desmaisons, and copied by subsequent historians in the various histories of the Middle Ages. It is not true, for

example, as Desmaisons states, that "the idea of collecting together a certain number of the insane in order to provide for their needs, and to ameliorate their lot—in a word, of founding special asylums—took long to develop in the Christian world"; and again, "Almost every form of infirmity had been assisted when the one most deserving of help" (*i.e.*, insanity) "had not had so much as a glance of compassion."

We have already called attention to the existence of two asylums founded by Christians previous to A.D. 500—one probably as early as A.D. 321—which facts are of themselves sufficient to stamp Desmaisons' statements as ill-founded and untrue. There is much other evidence, apart from the existence of the two asylums in question, which shows the absurdity of this contention of Desmaisons.

Evidence of an indirect, but none the less definite character, is supplied by the *Regula Monachorum* of S. Hieronymus, which enjoins upon the priesthood the duty of making careful provision for the isolation and proper treatment of the sick, whilst they were to leave nothing undone to secure the proper treatment and speedy recovery of such patients. Again, it is beyond question that in the earliest times, commencing with provision for the sick (including those mentally ill) by the early bishops in their own houses, the Church gradually developed an organisation which provided for the insane, first in *morotrophia* (*i.e.*, places for lunatics) and then in the monasteries. Evidence of the existence of this system during the period under consideration is to be met with in France, Italy, Russia, Spain, Germany, and in some of the northern countries of Europe. This plan, as the circumstances of the people altered and their enlightenment increased, was modified and improved until gradually the work undertaken by the Church was held to be unsatisfactory in many ways, chiefly from the absence of medical direction and treatment. When this difficulty was first recognised (after A.D. 1600), certain wards began to be set apart in the hospitals for the reception of lunatics, and laws were formulated forbidding the treatment of insane people in prisons and monasteries, whilst their treatment in the houses of their relatives and friends was also placed under regulation, with the object of promoting the welfare of the patients as much as circumstances would permit. This development of the system of dealing with lunatics may be clearly traced in nearly every European country.

We must not forget that the circumstances of the Middle Ages

and the relative sparseness of the population made it possible to provide for the madmen of a whole country in a single tower. These towers are, in effect, demonstrations of how rare a phenomenon insanity was in the ages now under survey. It cannot be denied that the progress of civilisation, and the growing complication of human affairs, have added largely to the numbers of the insane in every civilised population.

Again, Desmaisons states that the "origin of the first establishment exclusively devoted to the insane dates back to 1409 A.D. This date constitutes an historic fact, the importance of which doubtless needs no demonstration. Its importance stands out all the more clearly when we calculate the lapse of time between the period just spoken of (1409) and that in which Spain's example" (Desmaisons is here referring to the Valencia asylum as the first in Europe) "found so many followers." Now, as a matter of fact, an asylum exclusively for the use of the mentally infirm existed at Metz in the year A.D. 1100, and another at Elbing, near Danzig, in 1320. Again, there was an ancient asylum, according to Dugdale, known as Berking Church Hospital, near the Tower of London, for which Robert Denton, chaplain, obtained a license from King Edward III in 1371 A.D. Denton paid forty shillings for this license, which empowered him to found a hospital in a house of his own, in the parish of Berking Church, London, "for the poor priests, and for men and women in the said city who suddenly fall into a frenzy and lose their memory, who were to reside there till cured; with an oratory to the said hospital to the invocation of the Blessed Virgin Mary." The purposes of this charity were subsequently altered, and it is now known as St. Katharine's Hospital, Regent's Park, in connection with which the Queen has recently established the Queen's Jubilee Institute for Nurses.

There is further good evidence to show that the Pazzarella, or Place for Mad People, was founded at Rome prior to the fifteenth century by Ferrantes Ruiz, of the Kingdom of Navarre, and Angelo and Didaco Bruni, father and son, both Spaniards. This Pazzarella, or hospital for the insane, received "crazed persons of whatever nation they be; and at their first entrance care is taken by the physicians to restore them to their right mind, by hellebore or any medicines proper to that effect. If the madness prove incurable, then they are kept there during life, having food and raiment, necessary to the miserable condition they are in, charitably provided

for them. Although there be both men and women in the house, yet they have their apartments so severed that they cannot come together. All know their keepers, who, as occasions require, correct the outrageous, and therefore they stand in awe of such. Persons of all nations—Germans, Frenchmen, Spaniards, Dutchmen, and others—are here maintained and governed with a great deal of charity, and (considering their distemper) difficulty also. A Venetian lady was moved to a great pity of these poor creatures upon sight of them, and at her death left them heirs to her whole estate." These particulars of the Pazzarella are taken from an old book by Theodorus Amydenus, published at Oxford in 1687. This Pazzarella in 1561, with the approbation of Pope Pius IV, was placed under the management of a sodality of lay persons, and a new house was built near the Via Lata, adjacent to the church dedicated to the Blessed Virgin.

We might adduce several other instances in proof of the errors into which Desmaisons has fallen. It would be wearisome, however, to enumerate in detail the circumstances of every country in Europe so far as we have been able to ascertain them; and we have therefore thought it best to take the principal European countries as examples, and full particulars of the treatment of the insane in them, from the eleventh century downwards, will be found later on in this chapter.

Another absurd contention of Desmaisons is one by which he strives to show that the treatment of lunatics in buildings specially devoted to them originated with the Mahommedans—a contention, so far as we have been able to ascertain, for which there is no historical evidence, even assuming that the Valencia asylum was the first building devoted exclusively to lunatics, which we have already proved to be unfounded and untrue.

It is desirable that these points should receive careful consideration, because, as before stated, subsequent writers have accepted Desmaisons' statements, and treated them as being absolutely reliable, and, indeed, as the only evidence attainable of the rise and progress of the treatment of the insane in the Middle Ages. Of course, asylums were the exception until the commencement of the nineteenth century, and even then their number was relatively small compared with what it is nowadays. Up to the eighteenth century lunatics of all classes of society were for the most part placed in male or female monasteries, according to their sex; and this practice was not only common in France and Italy, but also prevailed in Russia and other European countries.

The period between A.D. 600 and 1750 has been well described by an able French writer (Maxime du Camp) as that of "engulfment". For nearly twelve centuries brutal superstition reigned supreme. It was a time of wars and famines, when ignorance and superstition extensively prevailed, and the condition of the people was, on the whole, more miserable than probably at any other period of European history, if not of the history of the world. At the commencement of this period superstition was so rampant that remedies were regarded as charms, and magic first penetrated and then replaced science, whilst it afterwards invaded almost everything. Paulus Ægineta, in 630 A.D., raised a final protest against the belief in the miraculous and supernatural, which subsequently undermined the character of the people to an alarming extent. He insisted upon the rational treatment of violent maniacs, and when restraint was necessary he advocated its careful application in the kindest and simplest way. He was, in fact, the apostle of gentleness as opposed to force, and spent his life in trying to make men believe that the simplest and most efficacious method of dealing with the insane was to exhibit towards them the maximum of kindness, patience, and precaution. Unfortunately, the times were against him, and so we find all through the subsequent centuries that his counsel and advice were disregarded, and that religious superstition first degenerated into magic and mystery and then played havoc with men of all nations.

This reign of superstition led to periods of excitement and violence so discreditable and inhuman as to make most thoughtful persons feel that it would have been very difficult to decide at times whether the tormentors or the tormented were the most insane. Speaking of this period Maxime du Camp observes: "We may say the doctors shared the insanity of the maniacs. The lunatic was no longer a patient, he was no longer even a man, but a kind of wild and formidable beast, half animal, half demon. In the horror that he inspired they declared him to be possessed of Satan, and threw him into the flames. When the progress of civilisation made plain the uselessness of these cruel dreams the lunatics were loaded with chains like dangerous wild beasts, and humanity had to wait eleven centuries before Philippe Pinel—the great Pinel—came boldly to proclaim before the world, by public test, the wisdom of the principles originally laid down by Arctæus of Cappadocia and Paulus Ægineta."

The popular belief, which seems to have pervaded all classes

during the days of the belief in demoniactal possession, was that man had a sort of dual nature, *i.e.*, a bodily and spiritual. The body, or flesh, or terrestrial matter, could be dealt, and ought to be dealt, with effectually for the welfare and benefit of the spiritual, that is of the soul, which was a direct emanation from the Deity. In other words, the body was held to be a sort of temple for the soul, and it was thought to be not only proper, but necessary, to chastise, torment, and, where necessary, even to destroy the body, for the sake of the man's soul. There was another and, possibly, a more far-reaching principle also at work at this time. The lunatic, and especially the violent lunatic, who was declared to be possessed of the devil, had to be maintained, and as there was no provision for his maintenance on the part of the State, he necessarily became a burden to his family and friends. In such circumstances, having regard especially to the belief held by the people, as above stated, when Mother Church came down upon the demoniac, and by exorcism failed to cure the man by ejecting the demon, the friends, no doubt in good faith in most cases, though doubtless at the same time with an eye to the main chance, readily acquiesced in the justice of the sentence which condemned the lunatic to the stake. Now, modern experience proves, as the same French writer demonstrates, that nothing was better calculated to increase the amount of religious mania in a given centre of population than the services and actions of the exorcists. It will be freely admitted by lunacy experts in these days that the admission of an exorcist, and the introduction of his methods and system into any one of the refractory wards on the female side of a large asylum, would result in causing a great number, at least of the women, in the ward where the exorcist was admitted, to become possessed on the following day. Maxime du Camp states in proof of this, that of every kind of madness demonomania is the one provoked and spread most readily by example. A contemporary fact he declares proves this. The village of Morzines, in Savoy, offered from 1857 to 1862 all the phenomena of possession, and nothing was wanting save the stake. The evil, spread through sympathy, was exaggerated by means of exorcisms, and underwent a noticeable period of remission, consequent upon the isolation of the patients and the interference of the gendarmerie to preserve order in the church, where worship was made almost impossible by the violence of every description aroused in men and women. Ultimately a general cure was believed to have been discovered, but the general exorcism revived the nervous infuriation of the

unhappy women, who were unanimous in accusing the devil of all the convulsions of which they had been the victims. In these circumstances we must not be surprised that during each year more and more people were tried for witchcraft, the exercise of magical influence, or for their voluntary surrender to the influence of the devil. It is stated, on good authority, that in one hundred years twenty thousand lunatics were burnt in France alone, and according to Barrington, in two hundred years thirty thousand judicial murders for witchcraft took place in England. In nearly every European country an equal sacrifice of human life was sanctioned and approved by the people, who pleaded that they were doing God a service by thus disposing of the insane members of the community.

It would be foreign to our purpose to refer in detail to the days of the Inquisition, introduced into Italy in 1233, Arragon in 1240, Castile 1481, and the Netherlands in 1562. Its victims were far more numerous than those poor madmen we have referred to, possibly because they comprised for the most part persons of property, and it thus became more and more profitable to burn, torture, and mutilate, seeing that the possessions of the victims of the Inquisition went into the Inquisitorial chest. This system of confiscation was so rigorously enforced that even the children of wealthy parents consigned to the stake by the Inquisition were often left penniless and unprovided for. It is estimated that in Arragon alone, under Thomas de Torquemada, chief of the Inquisition, in eighteen years 10,220 people were burnt, 6,860 were condemned to be burnt in effigy as absent or dead, and 97,321 were mutilated and tortured, giving an average of over 6,000 victims annually. In the next eighteen years 3,000 persons were burnt, and nearly 100,000 more were mutilated and tortured.

Peter Titelmann, one of the Inquisitors in the Netherlands, must have been a dangerous lunatic. According to Motley, "he executed his infamous functions throughout Flanders, Douay, and Tournay, the most thriving and populous portions of the Netherlands, with a swiftness, precision, and even with a jocularly, which hardly seemed human. There was a kind of grim humour about the man. Contemporary chronicles give a picture of him as of some grotesque, yet terrible, goblin, careering through the country by night or day, alone, on horseback, striking the trembling peasants on the head with a great club, spreading dismay far and wide, dragging suspected persons from their firesides or their beds, and

thrusting them into dungeons; arresting, torturing, strangling, burning, with hardly the shadow of warrant, information, or process."

Here is one of the sentences of the madman, Titelmann. A man, Bertrand Le Blas, was sentenced in 1562 "to be dragged on a hurdle, with his mouth closed with an iron gag, to the market-place. Here his right hand and foot were burned and twisted off between two red-hot irons. His tongue was then torn out by the root, and because he still endeavoured to call upon the name of God the iron gag was again applied. With his arms and legs fastened together behind his back, he was then hooked by the middle of his body to an iron chain, and made to swing to and fro over a slow fire till he was entirely roasted. His life lasted almost to the end of these ingenious tortures, but his fortitude lasted as long as his life." How many thousands of blameless people were thus brutally butchered and tortured, not only in the Netherlands, but in other countries which adopted the Inquisition, it is impossible to state. We have said enough to show the condition of the people and of public opinion at the period we are now considering, and for our purpose we need only add that the Inquisition was not finally suppressed until 1808.

It is not surprising, at a time when the Church was paramount, that medical practitioners should have been callous or ignorant on all questions of insanity. No progress was made in the direction of treatment, and the hopeless incapacity of that time is attested by the views expressed by Ambrose Paré, known as the father of French surgery. Ambrose Paré was born at the beginning of the sixteenth century, and lived until 1590. He believed in demoniactal possession, "in bargains and spells, by which the devil's associates could blight the health and understanding of those whom they pursued with evil intent". He declared that the possessed might "be often seen to change into goats, asses, dogs, wolves, crows, and frogs. They speak various unknown tongues, cause lightning, thunder, lift a castle into the air and put it back into its position, and fascinate the eye." Hence it is fair to assume that every demonomaniac, and all insane persons suffering from melancholia, or any form of religious mania, or possessed of hallucinations, would have been promptly consigned by him to the stake. In 1563 Dr. Johann Weyer, a physician of Cleves, published a work, *De præstigiis daemonum et incantationibus ac veneficiis*, which is

justly regarded as marking the commencement of a new era. In that work he attacked in an effective manner the prevailing superstition as to demoniacal possession, and boldly protested against the cruel treatment of the insane, which was one of its results. It required no little courage in those days to combat the popular prejudice, especially as several who had attempted this course had been condemned to the stake. Weyer was evidently a man of considerable foresight, intelligence, and tact. Having carefully classified all the demons, and calculated their numbers, he calmly announced that they amounted in the whole to many millions. This gratified the popular taste, and caused his representations to be listened to and considered. He maintained that a possessed person was a victim, *i.e.*, that he was sick mentally, and therefore entitled to treatment for the benefit of his health, not to sacrifice at the stake. The possessed were not as individuals to be blamed, but to be sympathised with, and it was the devil within the man who deserved punishment, and ought to be slain. He showed to demonstration that although the devil was accused of introducing trifles such as nails, and stones, and other indigestible things into the stomachs of the possessed, yet lunatics when left to themselves have sometimes an irresistible inclination to swallow many objects within their reach, especially if they be bright and attractive to the eye. He further demonstrated that the old women, held to be witches, who declared that they consumed children or changed themselves into wild beasts, were simply self-deceivers; this he did by fastening the supposed witch to a bed-post, and keeping her carefully under surveillance throughout the day and night, never allowing her to sleep, and so proving that she did not change into a wild beast. He further proved that the child or children which the witch declared she had eaten were not only not consumed, but alive and well, whilst the dead people whom the witches declared they had consumed were shown to be in the grave untouched and whole. He declared that the disease from which these people suffered was hysteriodemonomania. His representations convinced all who were not prejudiced that he was right, but the priests and the majority of the people declared that he was mistaken, because the devil was an artful knave, who allowed the witches to consume the corpses, whilst he deceived the spectators by showing them apparently the bodies untouched in the graves, just as they were left at the time of burial. It was further maintained that although the witch might be tied to the bed-

post, she was not in reality there, but only appeared to be, and no amount of demonstration on the person of the witch made the slightest impression on the prejudiced minds with which Weyer had to deal. These prejudices were rampant in the days of Richelieu and Louis XIV, and would have continued much longer, had not the excesses brought about a reaction, and so forced the hands of the authorities to put a stop to trials for witchcraft. Things reached a climax in 1670, at a trial for sorcery before the Parliament of Normandy, at which it was affirmed on oath that a rat had been seen talking to a child ten years old. More than five hundred individuals were concerned in this affair, and seventeen were condemned to death. This so disgusted Louis XIV that he quashed the decision. His Parliament, however, resisted and remonstrated, but the King remained firm, and insisted that no further prosecutions of the kind should be proceeded with. Two years later, in 1672, his minister, Colbert, made Louis XIV sign the famous decree which forbade the Parliaments from henceforward to conduct trials for witchcraft.

We have been hitherto dealing mainly with France, because the facts are well authenticated. It must not, however, be supposed that other European countries were in any better state, or that they showed any more intelligence in dealing with the lunatics of their day and generation. Thus, in 1515, five hundred witches were burnt in Geneva in three months. Many more were burnt in the diocese of Como in 1524. One hundred and fifty-seven of all ages and classes and of both sexes, were burnt at Wurtzburg, between 1627 and 1629. In Massachusetts and Pennsylvania, between 1648 and 1683, the persecution of witches prevailed to an extraordinary extent; and at Salem, in New England, nineteen persons were hanged, eight condemned, and fifty who confessed were pardoned, in 1692. In Poland, at Kalisk, nine old women were burnt as witches in January 1775. Our forefathers were equally superstitious with their neighbours, and witchcraft and sorcery were made felony, without benefit of clergy, by a law enacted in 1541, which was subsequently re-enacted in 1562, and again in 1603. In 1645 to 1647 one witch-finder, a man named Matthew Hopkins, succeeded in getting one hundred persons burnt as witches in Essex, Norfolk, and Suffolk. Seventeen more persons were burnt in 1676 in Essex, two more at Northampton in 1705, and five others in 1712; whilst in 1716 Mrs. Hicks and her daughter, aged nine, were hanged at Huntingdon. Thousands of persons

were burnt in Scotland during the same century, the last sufferer being burnt at Dornoch in 1722. The laws against witchcraft were finally repealed in the United Kingdom in 1736, but the belief in it caused the death of an old paralysed Frenchman, who was ducked as a wizard at Castle Hedingham, in Essex, so recently as September 1863. No nation can claim exemption from the discredit due to the belief in demoniacal possession and witchcraft, and we are forced to conclude that these lamentable proceedings must be regarded as unimpeachable evidence of the views which pervaded every section of the people throughout the civilised world during many centuries.





CHAPTER III.

THE PERIOD OF BRUTAL SUPPRESSION, ILL-TREATMENT AND CRUELTY.

A.D. 1750 TO 1850.



T has been very difficult to clearly define when the demoniacal age, with its *autos da fê* and other horrors, practically ceased to operate, so far as the treatment of the insane is concerned. In France, as we have seen, through the influence of Colbert (a statesman who did much for his country, and who flourished between 1669 and 1683), Louis XIV was induced in 1672 to abolish trials for witchcraft. Our fellow-countrymen who emigrated to America carried with them their belief in the wisdom of annihilating demoniacs or witches by judicial murder. In Massachusetts, as already stated, in 1648-49, serious disturbances commenced in connection with charges of witchcraft, and the persecution reached Dartford in Pennsylvania in 1683. Although trials for witchcraft were first abolished in France in 1672, yet in the remaining countries of Europe witches and demoniacs continued to be burnt and tortured *con amore* until seventy to a hundred years later. Maria Renata was burnt at Wurtzburg in 1749; and nine other women at Kalaisk, in Poland, in 1775. In England the *auto da fê* proceeded merrily, seventeen or eighteen persons having been burnt at St. Osyth's, in Essex. When exactly the rope was substituted for the fire in the treatment of lunatics in England does not appear, but two pretended witches were executed, *i.e.*, burnt apparently, in 1705, and two more were hanged at Huntingdon in 1716. It was not until 1736 that the laws against witchcraft were finally repealed under George II. Thus ended one of the saddest

episodes in the history of European nations, which resulted, according to Barrington, in 30,000 judicial murders in England alone in 200 years. In France, Maxime du Camp estimates the number of victims at 20,000 in a much shorter period, and there is reason to fear that both estimates are under, rather than over the mark.

We have been obliged in all fairness, basing our history upon facts and a close study of the times, to extend the period usually denominated the Dark Ages to 1750. It is sad to have to record that the century of Richelieu and Louis XIV, and even the succeeding century, were signalised by the most horrible cruelties and unreason in the treatment of lunatics, leading to unparalleled atrocities. No doubt much of the evil was due to the ignorance of the members of the medical profession, and their want of an intelligent appreciation of insanity as a disease capable of alleviation, if not of cure. This statement is justified by the knowledge that Ambrose Paré, the Father of French surgery as he has been justly called, put himself at the head of the crusade of cruelty and torment, and gave it all the force of professional approval. Thus the doctor, whose eminence has won for him the title of the modern Hippocrates, went with the times and sanctioned these wholesale butcheries—a sad and terrible fact truly, and one which may make the wisest and best of men doubtful of his own wisdom, when it rests with him, in a great emergency, to resist popular superstition by the application of calm judgment, lofty reason, and great experience. Two of these three qualities Ambrose Paré undoubtedly possessed, but he lacked, apparently, the judgment and the moral force to set his face against a state of affairs, which produced an amount of misery and bloodshed, so terrible, as to make one hesitate even to recall it to mind.

The abolition of trials for witchcraft in France, to the credit of religion be it said, followed a canon of the Church, prohibiting the clergy from casting out devils, which was promulgated in 1603. After this came a period of hesitation in the public treatment of demoniacs and lunatics of all kinds, and it is a happy circumstance that Philippe Pinel should have been born, so to speak, at the critical moment (1742), and that he should have become the chief physician of Bicêtre in 1792. During his youth and pupilage, although the application of the fire and the rope were rendered illegal, lunatics continued to be treated worse than animals, being loaded with chains, placed in the charge of criminals, who attacked them

with dogs, and tormented, tortured, and even killed them outright without let or hindrance. An insane person was regarded in these days as beyond all treatment, without manhood, a sort of half-demon, half-animal, whose wildness and violence rendered any measures justifiable, and whose ultimate fate was a matter of no importance to anybody.)

As leading up to this condition of affairs, we must now give a brief account of the establishment of asylums or insane wards, in connection with the hospitals, to which madmen were consigned. It was the custom to set apart a ward, or wards, in the hospitals or poor-houses, for the reception of lunatics, but by far the most common practice was to consign them, when violent, to prisons, where they became the sport of the criminals, and where they were so neglected and miserable, that death, even at the stake, would seem to most people preferable by choice. Before we verify these statements by the production of the facts, it may be well to give a brief outline of the earlier asylums and insane wards in Europe and America. Practically no laws recognising the rights of lunatics, as will be seen in the chapter on the subject, were promulgated in Europe until the beginning of the nineteenth century.

In Belgium, England, France, and Germany, we find the earliest evidences of an attempt to treat lunatics by aggregation in wards, or separate buildings. Thus (the Hôtel Dieu, at Paris, had two wards, one for men and one for women suffering from insanity. The Hôtel Dieu was founded in 656 A.D., but although Esquirol states the Parliament of Paris ordered the general hospital to provide a place for the confinement of lunatics, we have not found any mention of the lunatic wards there until 1798, when the hospital contained two such wards only. They must, however, have then been in existence for a considerable period, as we shall see later on. So far as treatment is concerned, it would have been better to have refused them admission altogether. The male ward had ten beds, each for four persons, and two beds, each for two patients. The female ward contained six beds, holding four persons each, and eight beds, holding two.) The male ward was near the surgical department of the hospital, and the female lunatics were placed in juxtaposition to the fever wards. There appears to have been no attempt at therapeutic treatment, and as to other treatment, we find the following statement in a manuscript report, compiled in 1756, by the medical staff of the Hôtel Dieu :—"Although the St. Louis and the St. Martin wards may, in the course of the

year, be filled by persons mentally alienated, yet every day the men and women intended for service in the wards may be seen behaving as if they were not accustomed to such diseases. These servants gather round the lunatics, take notice of their madness, laugh at their extravagances, and frequently take delight in making them obstinate by crossing them, or making them angry. This is especially the case in the women's wards." Writing in 1786, Tenon says:—"How can there be any hope of treating lunatics in beds where three or four raving maniacs crowd, disturb, fight, and throttle one another, who are inconvenienced in infinitely confined wards, with four rows of beds, where by an inconceivable blunder a fire is kept, and never allowed to go out?" Few things more shameful than this condition of affairs can be imagined. It is, however, satisfactory to note, as we shall see later on, that when attention was again called to these abuses in 1791 by Rochefoucauld Liancourt, a decree of the Directory, dated the seventh of June 1798, was issued, confirmed and strengthened by a second decree of the eleventh of December 1800, absolutely forbidding the admission of the insane to the Hôtel Dieu.

So far as the claim of France to the honour of having first established a system of segregation for the treatment of the mentally afflicted is concerned we must hold the case to be non-proven, especially as the first asylum in that country was not founded until 1641, by Sebastian Le Blanc, Sieur of St. Jean de Dieu, in the Barony of Besançon, in the Ward of Charenton-Saint-Maurice. It contained seven beds and was named Notre Dame de la Paix, the management being entrusted to the Brothers de la Charité, who took charge on the 10th of May 1645. The Charenton asylum still exists, being now one of the largest in France.

Turning to Belgium, we find that Gheel has existed as a lunatic colony for centuries. The legend of Gheel, and the discovery that contact with the remains of Dymphna (an Irish and Christian princess, who is said to have been decapitated here by her father in A.D. 600), had a remarkably curative effect on persons suffering from mental diseases, are well known from the fact that Dymphna and her confessor and fellow-fugitive, a priest named Gerebern, have been canonized. There are historical records, of undoubted authenticity, that in the twelfth century Gheel was, and had been for a long time, famous as a resort of lunatics. The colony and its special system still exist, and have been the subject of much controversy. How far they entitle Belgium to be considered the

earliest of the European countries where lunatics were treated in the aggregate is, to say the least, doubtful.

The claims of England to the honour remain to be examined. Here the evidence is authentic and beyond dispute. There can be no doubt that in the reign of Edward III (1370) a hospital was founded in the parish of Barking, by Robert Denton, a priest, "for the sustentation of poor priests and other men and women that were sicke of the phrenzie, there to remaine till they were perfectly whole and restored to good memorie" (Stow's *Survey of London*, edit. 1603, p. 139). Bethlem Hospital was founded in 1247, by Simon Fitzmary, in Bishopsgate Street. The precise year when lunatics were received at Bethlem Hospital is, however, doubtful, but it appears from the report of a Royal Commission, that six men were confined there who were lunatics, in 1403, and that the hospital contained "six chains of iron with six locks, four pairs of manacles of iron and two pairs of stocks." These facts do not admit of any dispute, nor does the further circumstance that Bethlem Hospital has been devoted entirely to the treatment of lunatics from some year prior to 1400 down to the present time, so that it is clear Bedlam takes precedence in this matter of the asylum founded at Valencia, in Spain, which Desmaisons has erroneously held to be the first established in Europe. This asylum at Valencia was founded in 1409, by a monk named Juan Gilberto Joffre, and was devoted entirely to the reception of the insane. Joffre was induced to found this asylum out of compassion for the maniacs whom he met in Valencia, where they were hooted by crowds and otherwise persecuted by the people. The new charity proved popular with the Spaniards, and asylums were founded at Saragossa in 1425; at Seville and Valladolid in 1436; and at Toledo in 1483.

As Bethlem Hospital was constituted by its founder a priory for the Order of St. Mary of Bethlem, for a prior, canons, brethren and sisters of the order, the Church may fairly claim to be identified with the first asylum. The honour of this new and important departure must, however, rest with England or Germany, and not with Spain; much less with the Mahomedans whom Desmaisons has laboured so assiduously to establish as the original promoters of lunatic asylums. We entirely agree with Lecky, in his *History of European Morals*, that Desmaisons has produced no proof whatever of his claim on behalf of the Mahomedans, but we regret that the former historian should have been so misled as to state that the prominence of Spanish charity in this

field is established on two grounds: first, that the oldest lunatic asylum in the metropolis of Catholicism was that erected by Spaniards in 1409, a statement we have shown to be erroneous*; and secondly, that "when at the close of the last century Pinel began his great labours in this sphere, he pronounced Spain to be the country in which lunatics were treated with most wisdom and most humanity."

Writing in 1806, Pinel gives the following description of the condition of the lunatics in the Saragossa Asylum, to which no doubt Lecky refers: "In a city of Spain, Saragossa, there is an asylum which is open to the diseased, and especially to lunatics of all nations, governments, and religions, with this simple inscription, *URBIS ET ORBIS*. Manual labour has not been the sole object of solicitude on the part of its founders. They have, likewise, sought an antidote to the wandering of a diseased imagination in the charms of agriculture, a taste for which is so general, that it is commonly considered as an instinctive principle of the human breast. In the morning may be seen the numerous tenants of that great institution, distributed into different classes and awarded their respective employments. Some are kept in the house, as domestics, of various orders and provinces: and others work at different trades, in shops provided for the purpose. The greatest number set out in different divisions, under the guidance of intelligent over-lookers, spread themselves over the extensive inclosure belonging to the hospital, and engage, with a degree of emulation, in the soothing and delightful pursuits of agriculture and horticulture. Having spent the day in preparing the ground for seed, propping or otherwise nursing the rising crop, or gathering the fruits of the olive, the harvest, or the vintage, according to the season; they return in the evening calm and contented, and pass the night in sleep and tranquillity. Experience has uniformly attested the superiority of this method of managing the insane. The Spanish nobles, on the contrary, whose pride of birth and family presents unsurmountable obstacles to a degradation so blessed and salutary, seldom recover the full and healthy possession of a deranged or lost intellect."

Taking Lecky's second point first, our readers will be able to gauge what this "wisdom and humanity" had produced by 1846, and even in more recent times.

Philippe Pinel died in 1826, and we may here remark, as

* *Ibid* pp. 41, 42, *supra*.

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showing the unsoundness of the second of Lecky's premises, that in 1833, Señor Burgos, Minister of Fomento, pointed out the urgent necessity of State interference with the lunatic asylums of Spain. He declared that "humanity shudders at the manner in which this important duty (the care of the insane) is at present discharged. Foul dens and brutal treatment aggravate the mental disorder of sufferers who, with a little care, might be restored to the enjoyment of their reason and the bosom of their families." It is, perhaps, rather cruel to destroy so attractive a romance as that which Desmaisons has woven round the asylums of Spain, especially as Lecky, with reservations, has inadvertently been led to accept his erroneous views. We have found, however, so many instances of theories once started, without adequate foundation, in connection with this subject becoming matters of general belief, that we have felt it necessary to place the facts we have collected, and which are all capable of proof, on record in this book.

Desmaisons' contention is not borne out by the history of the attitude taken up by the Mahommedans in the East, where they suffered medicine to languish, and did not maintain even the Hindu hospitals of the Buddhists on obtaining power in Hindustan. Besides, there is no special injunction in the Kôran for the performance of any such duty as provision for lunatics. Further—and probably this is the most conclusive point as against Desmaisons' view—Mahomet was not born until A.D. 570 or 571, and he did not commence as a prophet until A.D. 610. It was also not until A.D. 630 that he marched triumphantly into Mecca, and received the keys of the city, being thus acknowledged as prince and prophet. Now, the earliest asylum, as before stated, founded by Christians, was in existence in A.D. 321, *i.e.*, more than three hundred years before Mahomet was proclaimed at Mecca.

A further curious point in this connection is that Tucker, in his *Lunacy in Many Lands*, states:—"In 1410, letters apostolic were promulgated in Barcelona by Benedict XIII for the foundation of asylums for the insane at Saragossa and Valencia." Now, as Pope Benedict XIII was not born till 1649, and died in 1730, we were at first led to conclude that this statement is mythical, or that the condition of the management of these asylums was so bad that Benedict felt constrained to use his authority with a view to secure the necessary remedy. The latter view would seem to have some force, as Tucker adds: "the inmates of these institutions are said to have been treated by harshness, chains, and stripes."

In this connection the following explanation may be interesting. Benedict, called the XIII, became pope, or rather antipope, in 1394, but he disappeared, and three other popes had been appointed, two of whom died by 1409, in which year Alexander V was pope at the Vatican. The anti-pope Benedict, called the XIII, who presided at Avignon, was appointed in 1394, and was deposed in 1408, when Avignon ceased to be the seat of the Papacy. Despite this, Desmaisons says that Pope Benedict issued a new brief to Father Joffre in 1414, authorising him to do other works of charity, which caused the asylum of Valencia to lose its special character. It is further mentioned that in 1512, Valencia Asylum having been burnt down, any lunatics who remained were transferred to the general hospital of Valencia. All these facts tend to prove that the statement of Desmaisons, and the claims he founds upon it, must be regarded, to say the least, with suspicion. No further lunatic asylums were opened in Spain prior to 1820.

There was an asylum at Rome, in 1548, which was possibly the Santa Maria della Pietà. If so, half the buildings were devoted to the purposes of a hospital, and half to an asylum for the insane.

In 1560, an asylum for the insane, named Suleimanié, was founded at Constantinople, which was erected by Sultan Suléiman, near the mosque and the Tib-khana, or school of medicine, with a view to its being utilised for clinical purposes.

In 1641, Charenton Asylum was founded in France, and remained the only institution set apart entirely for lunatics up to 1800. It is interesting to note that the Order of St. Vincent de Paul, under Madame Le Gras, undertook the care of the insane in this asylum in 1645.

In the Netherlands, the Saint Joris' Hospital, Delft, founded in 1677, is said to have contained prisoners as well as lunatics up to 1844, though the date when lunatics were first admitted is not obtainable.

Lunatic wards were established at Guy's Hospital, in London, in 1728; and in 1751 St. Luke's Asylum was erected by voluntary contributions, owing to the insufficiency of accommodation at Bedlam. In the provinces of England the order in which the first asylums were opened seems to have been as follows:—St. Peter's Hospital, Bristol, in 1696; the Manchester Royal Lunatic Hospital, under the management of the Royal Infirmary, in 1706; Bethel Hospital, Norwich, in 1713; Liverpool Royal Lunatic Hospital, associated with the Royal Infirmary, 1792.

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The Reports of the Hereford Infirmary afford proof that it was the common practice, at the end of the eighteenth century, to have a few wards devoted to lunatics, usually in a separate building, attached to the county infirmaries in this country. The paragraph in question runs as follows:—"On a spot at the bottom of the field at the back, belonging to the infirmary, an asylum for thirteen lunatics was erected, and opened in the year 1799. The governors and subscribers to the infirmary were governors and subscribers to the lunatic asylum. On the erection of the new county asylum this building was pulled down. A fund, however, exists, arising from special benefactions to the old lunatic asylum, and a sum of £10 has been authorised by the governors of the infirmary to be paid to the committee of the county lunatic asylum for the benefit of the convalescents when required."

In Ireland, the St. Patrick's Hospital for lunatics, founded by Dean Swift, was opened in 1745. This was followed, in 1777, by the Limerick Asylum; and, eleven years later, in 1788, by the opening of the Cork Asylum for Lunatics.

In the United States of America the Pennsylvania Hospital, founded in 1751, treated lunatics until a special institution was built for their reception in 1841. In the same way the New York Hospital, founded in 1771, burnt in 1775, rebuilt and occupied in 1791, received and treated lunatics until 1808. In 1773, the first asylum established in the United States, wholly for the care of the insane, was opened at Williamsburg, Va. This was followed by the Friends' Asylum at Frankford, Pa., opened in 1817, being the second institution in America founded solely for the insane.

In Italy it is not a little remarkable that the Bonafazio Hospital, at Castelpulci, near Florence, and the Bonafazio Institution for Incurables, both founded in 1387 by a benevolent philanthropist, began to admit lunatics in 1788.

We owe our previous statement that an asylum founded by the burghers was in existence in Metz in the year 1100 A.D. to Laehr and Kirchhof. The former gives no reference; the latter is more careful in his account, the words he uses being, "an asylum is said to have been in existence in Metz," and for this he quotes the authority of Meyer in the *Deutsche Rundschau*. On turning to this article, the precise terms employed are as follows: "Benevolent institutions for the insane, affording them help and succour, were not entirely wanting in the earlier centuries of our era; such a foundation was in existence in Metz in the year 1100 A.D."; but no

light is thrown upon the source from which this information has been derived. An exhaustive search among original documents has failed to establish the truth of these assertions. Again, Sigibaldus, the thirty-sixth Bishop of Metz, during the papacy of Leo IV, about the year 850 A.D., is said to have erected two monasteries, and paid especial attention to the sick in body and mind, but nothing is recorded of him sufficiently definite to entitle us to say that he founded a hospital, far less an asylum. Bouquet, in his exhaustive Latin history of France, mentions Metz repeatedly throughout his twenty-three volumes, entering into minute details as to the walls, buildings, and incidents of its history. Although he gives us many facts connected with hospitals, he is absolutely silent about asylums and the insane. We know, however, that the insane of Metz were placed under the guardianship of appointed persons from comparatively early records, and the clerical attendants in the hospitals had to swear allegiance to the King of France. These and other facts, however, have no bearing upon the point at issue; and remembering the superstitions of the times, the manner in which persons of unsound mind were dealt with, and how long it was before a well-authenticated case of asylum building is recorded, the statement of Laehr and Kirchhof must be pronounced open to the gravest doubt.

In Poland the Infant Jesus Hospital for Females (Warsaw) was founded in 1735, and although it now contains lunatics, the asylum portion does not appear to have been built until 1835.

In Portugal there seems to have been no asylum prior to that at Lisbon, built in 1848.

It might further be mentioned in this connection that there was a Refuge for Lunatics in Jerusalem in very early days. The Mohammedans also appear to have had some Houses of Mercy, or asylums, at Bagdad and elsewhere, in the twelfth century. There was also an asylum at Cairo in 1304, and one at Fez in the sixteenth century.

Not only do we agree with Lecky, despite Desmaisons' contention to the contrary, that there is no real evidence that the Spanish asylums were derived from Mohammedan example, but, as we have shown, it is a mistake to suppose that Spain was the first Christian country to practically utilise the idea of collecting together a certain number of lunatics in one building, with the view of their better treatment and comfort. The first of such Christian institutions founded by private benevolence was undoubtedly established in

England. How far the two institutions established prior to A.D. 700 were entitled to be considered asylums we have discovered insufficient evidence to enable us to decide.

Such, then, is the history of the establishment of asylums for the insane, the information concerning which is so scattered, and for the most part intangible, that few people can have the smallest idea of the difficulties which have had to be faced, or of the amount of reading required to collect the few facts we have here brought together.

We have seen how the medical treatment of the insane, which in the early days of the Christian era was characterised by humanity, intelligence, and scientific principles, was gradually abandoned altogether, and how the lunatic came to be regarded as of less importance than a brute beast; unless he gave trouble to others, when he was treated as a ferocious animal, and subjected to every kind of brutality, punishment, torture, and starvation, until death happily released him from his tormentors. For upwards of two thousand years no improvement, but, on the contrary, steady deterioration, marked the progress of the lunatic's lot. His treatment was barbarous in every European country, and, indeed, in every country and in every age. Harmless lunatics, it is true, were allowed to wander about the country, to solicit alms, and, if capable, to maintain themselves as best they could, or, being incapable, to perish uncared for and forgotten.

It is a terrible reflection that the first eighteen hundred years of Christianity did practically nothing for those members of the race whose lot is now universally admitted to be the saddest of all human creatures. Indeed, as Dr. Conolly has well shown, "nothing, in fact, is more difficult to account for than the long neglect, in communities calling themselves civilised, much less Christian, of those afflicted with a malady so much more dreadful than other maladies, that before it destroys life it may be said to destroy all that makes life valuable or desirable. Struck with this affliction, man can no longer enjoy the chief distinctions of his nature. He can no longer pursue truth, nor do good, nor govern himself. If he is a person of rank, all his power and influence depart from him. If he lives by the exercise of a profession, hope flies away, and poverty overwhelms him. If he is enterprising and speculative, prudence forsakes him, and success crowns his enterprises no more. If he belongs to the classes in which daily subsistence is provided for by daily toil, he

becomes destitute of the means of living. No malady effects such wide destruction, or creates so much and such varied distress. It extinguishes knowledge ; confuses eloquence, or buries it in everlasting silence ; it lays waste all accomplishments ; renders beauty itself painful or fearful to behold ; whilst it breaks up domestic happiness, and perverts or annihilates all the habits and affections which impart comfort, and joy, and value to human existence. Yet nothing is more certain than that this complicated misery, including every other form of misery and mental suffering, has been, not only the subject of neglect, but of most general abuse and cruelty in all ages, and even down to the times in which we live (1856)."

It is very difficult, no doubt, for the present generation to realise that less than forty years ago the treatment of the insane in this land was horrible in many respects, and previous to that time was so brutal and inhuman as to make one hesitate to recall the actual facts. It is, however, a duty in a work of this character to place on record all the circumstances which have any bearing upon our subject ; and although we shall but briefly summarise the mass of horrors which confront us on all hands, we cannot omit to give a clear account of the treatment of the insane during the first and second half of the century now under consideration, *i.e.*, 1750 to 1850.

We will take the medical treatment first, which will include all the methods held to be calculated to help the mental invalid to recover his health, which were applied under direct medical authority. The actuality of the treatment about to be described is confirmed in the writings of Pinel and Conolly, and may be held to have prevailed in most of the principal European asylums until 1830, and probably even later. The usual remedies were copious and repeated blood-letting, cold water and shower-baths, low diet, terror, and a rigorous system of coercion. So recently as 1808, according to Dr. Haslam, lunatics were supposed to be under the influence of the moon, and were consequently bound, chained, and even flogged at particular periods of the moon's age to prevent the accessions of violence.

The Germans seem to have excelled all other nations in the ingenuity of the torture which they sought to inflict upon their patients. Some of them advocated the use of machinery, by which a patient on first entering an asylum was to be first drawn with frightful clangour over a metal bridge across a moat, and then to be suddenly raised to the top of a tower, and as suddenly lowered

into a dark and subterranean cavern. These practitioners avowed, according to Conolly, that if a patient could be lowered so as to alight among snakes and serpents, it would be better still.

One humane doctor invented an excruciating form of torture in the shape of a pump, worked by four men, which projected a stream of water with great force down the spine of the patient, who was firmly fixed in a bath made for this apparatus. This torture was usually continued for four minutes, although one physician, who had the humanity to try it on himself, declared it was so agonising that he could not endure it for sixty seconds. The world's history has produced many instances of the effect of cruelty upon tyrants—the greater the impunity the greater the cruelty, because inhumanity grows with the habitual indulgence of the feeling. So it was with doctors and lunatics. Holding, as they did, that mania must be treated by fear and punishment, their system not only became more severe, but the torture applied increased in ingenuity as the practice became habitual. Thus it came to pass that a patient was not allowed to be bathed in the ordinary way, but a cruel device was hit upon, by which the unsuspecting patient was induced to tread upon a false-flooring, which suddenly gave way under him, and sent him headlong into "the bath of surprise", from which he was frequently extracted more dead than alive.

The efficacy of the cold water treatment has been advocated from time immemorial, but it was not until the end of the eighteenth century that human ingenuity substituted a new and horrible device for the bath of surprise. Patients were stripped and then lowered into a well, where they were chained. This well contained only a small quantity of water at first, but the water was gradually increased, in order to terrify the patient at the prospect of inevitable death.

Another invention, highly praised by Dr. Cox, who, as Conolly says, generously gave the credit of the invention to Dr. Darwin, is described as "the safe and effectual remedy of the circulating swing". In a recent work, entitled *The Insane in Foreign Countries*, the author, Mr. Letchworth, declares the invention to be that of a medical superintendent of a foreign asylum, whose name he omits to mention. An illustration of it will be found on page 9 of Mr. Letchworth's book, with the following description, taken from the author's work published in 1818:—"The circulating swing erected in our asylum appears to be an improvement on the model suggested by Doctor ——. It is worked by a windlass, and

capable of being revolved a hundred times in a minute ; but can with ease be regulated to the degree best suited to the intent. It is now adapted for one person only instead of four, as had been at first contrived ; the same movement being seldom admissible for more than one patient. To the body of the machine is affixed the apparatus for the horizontal position, which, when necessary, may at a moment be accommodated to the purpose. Powerful as this contrivance has hitherto proved, still, in some cases, where its influence was much sought for, it has had but trivial effect, though put in motion to its full extent. The idiots of the establishment have been permitted to use it for amusement without any inconvenience ; and the strictly insane also, during the intervals, with equal satisfaction. The latter, however, on the return of the paroxysms, were found incapable of resisting its most gentle rotations for five minutes in continuance."

It seems impossible to credit the fact that any rational being, accepting the general theory of madness, that it depends upon an increased excitement of the brain, could be induced to resort to such horrible cruelty as to place an unfortunate in this barbarous swing. Yet Esquirol refers to it approvingly as "*la machine de Darwin*", and speaks of it as having passed from the arts into medicine. Dr. Cox was so much in love with this apparatus that, Conolly says, "he advised its being used in some hopeless cases in the dark, with the addition of unusual noises, smells, etc., that every sense might be assailed, but I do not think this advice was ever acted upon."

So much for treatment by terror, cold water, and shower-baths. Let us now examine the diet. In 1798 it was determined by the French Assembly to increase the allowance of bread per patient to one kilogramme daily (say to two-and-a-quarter pounds). This addition to the food allowance proved a most salutary measure, and the lunatics benefited greatly. The Revolutionary leaders, however, determined upon the barbarous measure of reducing this bread allowance to seven-and-a-half hectogrammes (*i.e.*, to less than one and three-quarter pounds); they continued to cut it down to five, four, three, and even to two hectogrammes, *i.e.*, to one pound two ounces, fourteen ounces, ten-and-a-half ounces, and lastly to seven ounces of bread per diem, which was supplemented by a few biscuits, frequently of bad quality. The natural result followed. In two months twenty-nine lunatics died at Bicêtre, as compared with twenty-seven for the whole of the previous year under the old

régime. At Salpêtrière there were fifty-six deaths in October and November, Pinel regarding this excessive mortality as due to scarcity of provisions. The original allowance here was one-and-a-half pounds of bread daily for each patient, with one hundred livres to buy soup for the whole hospital. First of all the livres were withheld, and then the daily portion of bread was reduced until the ordinary quantity for each individual was but six ounces.

In England, according to the Commissioners' Report, so recently as 1846, the diet allowed in some of the licensed houses was very little, if any, better than that we have just described. Breakfast and supper consisted of from four and a half to six ounces of bread with skim milk; a meat and potato pie, the proportion of the former being less than one ounce for each patient, constituted the dinner on three days in the week; on two days it was limited to soup and suet pudding; and on the remainder the meat allowance was increased to an ounce and a half for each patient. Similar instances of the state of semi or entire starvation in which lunatics were kept at this period might easily be multiplied.

Turning now to the rigorous system of coercion which everywhere prevailed, it will at once be seen that cruelty was almost identical in form in all countries throughout Europe. The insane were more frequently than not either naked or covered with rags, placed in narrow, dark, damp cells, having stone floors, with no bedding except a little straw, which was seldom or never changed. Esquirol, in 1818, found this system extant everywhere throughout France, and it may be held to have prevailed extensively throughout Europe. The patients were usually without fresh air, without light, without water to allay their thirst, under the dominion of gaolers who were frequently criminals of the worst type, and chained in caves which would not have been thought good enough for wild beasts. The general employment of chains was revolting; the patients had collars and belts of iron, and fetters on their hands and feet. Some were fastened to the wall by a chain a foot and a half long, and this method was extolled as being peculiarly calming. Chains were universally preferred to strait-waistcoats, because they were less expensive. There was no medical treatment directed to the medical cure of the malady, and the rude attendants employed seclusion, baths of surprise, and occasional floggings at will.

Conolly goes on to point out that the insane were not much

better treated in England even so late as 1815. Similar abuses were general, as is proved by the report of the committee appointed, at this period, to consider the provision then to be made for the better regulation of madhouses in England. There is clear proof of their continued existence in 1827, and it cannot be denied that not a few of them survived in some private and public asylums in 1850. The successive reports of the Commissioners in Lunacy contain incontestable and curious evidence of this. In some provincial madhouses the male and female patients were left at night in miserable outhouses, without attendance and without available aid of any kind; without fire, or any means of warmth; and without protection. There were no baths, and no medical treatment was resorted to. In some of the largest private asylums near London the rooms are described as having been "crowded, wet, filthy, unventilated, and very offensive", and the dormitories were lighted and aired by apertures without glass. Feeble patients were left without drink or any decent attendance, a few potatoes being given to them now and then in a wooden bowl. In a house at Fonthill, in Wiltshire, out of fourteen male patients only one was without fetters and handcuffs, and only three were out of their sleeping-rooms. In another large private asylum near London "several of the passive women were chained to their bedsteads, naked, or only covered with a hempen rug; and this in the month of December". From Saturday to Monday morning dirty patients were chained to their cribs and confined without intermission "in crowded, ill-ventilated places". In these cribs they lay "naked upon straw, with nothing but a blanket to cover them"; and the window was an aperture without glass. There was no classification, no employment, no medical treatment, no bath, no cleanliness. One towel a week was accorded for the use of one hundred and seventy patients; and some were mopped with cold water in the severest weather. As a fitting part of this system, seventy out of about one hundred patients were almost invariably in irons. This state of affairs existed in England only sixty years ago, and so recently as 1840 the Commissioners report abuses in some of the private asylums which are equally shocking.

It must not, however, be supposed that the public asylums were in any better condition. The condition of Bedlam in 1815 is thus described. In one of the side-rooms of the women's wing were "about ten patients, each chained by one arm or leg to the wall; the chain allowing them merely to stand up by the bench or

form fixed to the wall, or to sit down on it." They were without shoes and stockings, and were only allowed a sort of blanket-gown made like a dressing-gown, with nothing to fasten it round the body. Many women were locked up in their cells, chained, without clothing, and having only one blanket for a covering. On the men's side, patients were chained close to the wall, handcuffed, and in one case locked to the wall by the right arm as well as by the right leg. The men also had no clothing, except a blanket-gown, and the room in which they were confined had the aspect of a dog-kennel. Chains were universal throughout the building.

The worst case of all was that of the patient Norris, whose maltreatment has been made historical by the illustration in Esquirol's work. Norris is described as a powerful and violent man, and on one occasion resented what he considered improper treatment by his keeper. In consequence he was fastened by a long chain, which kept him in such a position that he could not stand upright. This chain was passed through the wall into the next room, where the victorious keeper, out of the patient's reach, could drag the unfortunate man close to the wall whenever he pleased. Conolly, who is our authority for these statements, then proceeds thus: "To prevent this sort of outrage, poor Norris muffled the chain with straw, but the savage inclinations of the keeper were either checked by no superintending eye, or the officers of the asylum partook of his cruelty and his fears, for now a new and refined torture for the patient was invented, in the shape of an ingenious apparatus of iron. A stout iron ring was rivetted round his neck, from which a short chain passed to a ring made to slide upwards or downwards on an upright massive iron bar, more than 6 ft. high, inserted into the wall. Round his body a strong iron bar about 2 in. wide was rivetted; on each side of the bar was a circular projection which, being fastened to and enclosing each of his arms, pinioned them closely to his sides. The effect of this apparatus was, that the patient could indeed raise himself up so as to stand against the wall, but could not stir one foot from it, could not walk one step, and could not even lie down, except on his back, and in this thralldom he had lived for twelve years. During much of that time he is reported to have been rational in his conversation. But for him in all these twelve years there had been no variety of any kind, no refreshing change, no relief, no fresh air, no exercise, no sight of fields or gardens, or earth, or heaven. Each

miserable day was like another, and each night. At length release came, which he only lived about a year to enjoy. It is painful to have to add that this long-continued punishment had the recorded approbation of all the authorities of the hospital. Nothing can more forcibly illustrate the hardening effect of being habitual witnesses of cruelty and the process which the heart of man undergoes when allowed to exercise irresponsible power. Partly from custom, and partly from indifference, and partly from fear, even physicians, not particularly chargeable with inhumanity, used formerly to see patients in every form of irritating restraint, and leave them as they found them."

Unfortunately, the responsibility for treatment such as poor Norris received is not limited to the physicians in attendance at Bedlam Hospital in 1815. Every governor of that institution was even more responsible than the physicians, and, as a striking evidence of the humanity of that day, and of the truth of the eloquent words we have just quoted from Conolly, we will here reproduce "the charge" which was read by the chaplain to every governor of Bedlam on his admission to the office, in the presence of the president, treasurer, and governors. This charge was adopted at the General Court, as finally arranged and confirmed on the 1st April 1802, and may, therefore, be held to make every one of the laymen who occupied the post morally responsible for the frightful abuses of those days. The charge is as follows: "You are called on to take up to-day a station of great honour and trust which will afford you many opportunities of promoting the honour and glory of God and the welfare of your fellow-creatures. In this hospital provision is made for maintaining and curing needy and deplorable lunatics. *You are hereby solemnly required, and earnestly requested, to discharge your duty on this behalf with such conscientious regard that you may appear with joy at the Judgment-seat of Christ,* where particular account will be taken of all the offices of charity in which we have appeared towards our poorer brethren and a peculiar reward conferred on those who have with fidelity and zeal performed them." With every desire not to pass judgment on these governors, knowing the condition of the poor patients in Bedlam in those days, one can hardly read without a shudder the words of this charge which are printed in italics.

Not only were these cruelties habitually practised in England and throughout Europe, but similar atrocities were habitual in Scotland and Ireland, and even in Wales. For our purpose

it may be well to select some of the latest recorded instances of the existence of striking cruelties and neglect in these three divisions of the United Kingdom and elsewhere.

SCOTLAND IN 1857.

The condition of Scotland may best be realised by the statement, that although the Colleges of Physicians and Surgeons at Edinburgh had approved the plan of Dr. Duncan, then President of the Royal College of Physicians at Edinburgh in 1792, for the establishment of a lunatic asylum in the neighbourhood of that town, Tuke states that up to 1839 Scotland, south of Edinburgh and Glasgow, had no place of restraint or confinement except six squalid stone cells attached to the public hospital of Dumfries. Violent lunatics were consequently restrained in their own houses, or in prisons, or in police-stations. In 1855, mainly as the result of the self-denying efforts of Miss Dix, an American lady, a Royal Commission was appointed to inquire into the condition of lunatic asylums in Scotland. This Commission reported in 1857 that the condition of the insane not in asylums presented an appalling picture of the amount of misery prevailing throughout Scotland in this respect. They found that although personal restraint was almost entirely banished from the chartered asylums, a new form of cruelty had been substituted in the shape of seclusion for long periods in mere cells, with stone floors and darkened windows, where the patients were allowed no other covering than blankets, and no other bedding than loose straw cast on the floor. Here is a description of a private asylum in 1857: It is carelessly conducted, and the state of the patients is very unsatisfactory; bed-frames which are about the ordinary size, with only spars of wood at the lower part, were dilapidated and saturated with filth, the quantity of straw in them very scanty and mixed with refuse. It was wet, offensive, and broken into small pieces, and had clearly not been removed for a considerable time. A certain number of patients, males as well as females, were strapped naked at night, in some cases two, and in one case even three, patients being placed to sleep in the same bed-frame on loose straw in a state of perfect nudity. When questioned, the proprietor stated he considered it was proper treatment to allow the nurses free use of the instruments of restraint, for the dirty patients to sleep naked, and for several of them to occupy the same bed, as well as to fasten an epileptic lad by rings to the

wall. The Commissioners declared that they could not doubt that in many instances practices obviously wrong and detrimental to the patient had been adopted in licensed houses, because an increased profit would be gained thereby by the proprietors. Both licensed and unlicensed houses were crowded in an extreme degree, profit being the principal object of the proprietors, whilst the securities against abuse were very inadequate. The unlicensed houses had been opened as trading concerns for the reception of certain classes of patients, who were detained in them without any safeguard whatever against ill-treatment and abuse. These extracts will give some idea, though a very imperfect one, of the abuses which continued to prevail in Scotland so recently as 1857.

IRELAND IN 1858 AND LATER.

In Ireland a Royal Commission reported in 1858 that out of 5,225 lunatics 1,707 were in workhouses, 166 in gaols, and 3,352 at large. They strongly condemned the unauthorised use of instruments of restraint which they found to prevail in Ireland. In one asylum a female patient was strapped down in bed with body-straps of hard leather, three inches wide, which were twisted under the body, with wrist-locks, strapped and locked. In this case the wrists were frayed for want of lining to the straps, although the patient, a female, was seriously ill. A male patient was strapped down in bed; in addition, he was confined in a strait-waistcoat with the sleeves knotted behind him, and, as he could only lie on his back, his sufferings must have been great. His arms were, moreover, confined with wrist-locks of hard leather, and his legs with leg-locks of a similar kind. The strapping was so tight that he could not turn on either side, and any change of position was still more effectually prevented by a cylindrical stuffed bolster of ticken about 10 inches thick, which ran round the sides and top and bottom of the bed, leaving a narrow hollow, in the centre of which the lunatic was retained as in a box, without the power to turn or move. On liberating the patient and raising him he was found to be very feeble, unable to stand, with pulse scarcely perceptible and feet dark-red and cold. The man had been under confinement in this state for four days and nights. Wrist-locks and body-straps were hung up in the day-room for application at the attendants' pleasure, and in the two foregoing cases the manager of the asylum

stated that he was not aware that these instruments had been used, nor was any record entered in the books in accordance with the rule of the Privy Council.

One of the most terrible facts connected with Irish lunatics is brought out in the tenth report of the Inspectors of Asylums, issued in 1861. It is the habitual neglect of the patients by their friends, as if the malady entailed disgrace on those connected with the patients, and so "months—nay, years—passed without an inquiry being made by a brother for a brother or by a child for a parent." Lord O'Hagan described the woes of neglected lunatics in Ireland, so recently as 1879, as "most pressing as they are most deplorable." Still more recently—*i.e.*, on the 6th April 1881—Mr. Litton, the member for Tyrone, in the House of Commons, declared the condition of the insane in Ireland to be miserable, many of them being subjected to cruel treatment.

WALES IN 1853.

So recently as 1853 it is reported that in a populous district of Wales, with the knowledge of most of the neighbouring inhabitants, a lunatic was chained up by both legs in a small shed 6 ft. wide by 9 ft. 4 ins. long, and he had remained in this condition for seven years. The room had a small skylight in the roof and a window about a foot and a half square in the gable just above the bed which could be partially opened, though this was seldom done. The room was very close and damp; there was no fireplace or other means of ventilation except the door and windows, and the approach to the room was through a sort of scullery, "very dark and obscure." The patient lay on a chaff bed on a wooden bedstead, to which both his legs were chained by fetters fastened and rivetted just above the ankles. The chaff of his bed was never changed or even shaken, and, owing to the dampness of the room and the warmth of the man's body, it had become rotten and like a wet sod. When an inspector visited this man, by order of the Commissioners, it turned out that he was perfectly sane, and he is reported to have remained so ever since.

In another case, that of a farmer's wife, the patient was secured by the hands and a large cart-rope was tied round her body to keep her in bed. The room was filthy, and the patient had been in this condition for nine months. Subsequently, in consequence of

the action of the Commissioners in Lunacy, the patient was removed from bed, her hands being still secured, and was strapped to a chair, which was fastened to the leg of a strong table. In another case a man was goaded by unkind and harsh treatment into a state of ferocious mania, and when brought into the asylum he was found to be manacled so cruelly that he will bear the marks of his handcuffs to the day of his death.

THE LIVERPOOL LUNATIC HOSPITAL IN 1870.

In 1870 the Commissioners reported that the Liverpool Lunatic Hospital was abominably conducted. "With few exceptions, the personal condition of the patients was found to be very indifferent, and the reason alleged why the females in the lower wards were never on any occasion taken beyond the airing-court was, that they had no clothes fit to be seen in. The corresponding class of men were stated to be taken out as little as the women, and both were said to be rarely visited by any friends having any interest in them. The state of the furniture was discreditable in the extreme, and there was a general absence of tidiness throughout the hospital. The patients were, with few exceptions, quiet; but not more than four or five of the better class of either sex were reported to have the opportunity of walking or driving out." The punishment of seclusion in fifteen months had been applied to five males on sixty-two occasions, and to eighteen females on one hundred and thirty-two occasions.

TO-DAY.

It will no doubt surprise many people to read how grave were the abuses connected with the treatment of lunatics in Great Britain and Ireland until quite recent years. These evils have now been largely or entirely remedied, and it is but fair to say that there are probably no more efficient institutions in the world than the British county asylums as they are administered at the present time. Thank Providence, we have safely passed through two periods of cruelty and neglect. That, on the one hand, before the days of adequate provision for the insane, and, on the other, that of the gloomy, prison-like erections first used as asylums, where, as Conolly truly states, the patients were "a defenceless flock at the mercy of men and women who were habitually severe, often cruel, and sometimes brutal. . . . Cold apartments, beds of straw, meagre diets, scanty clothing, scanty bedding, darkness, pestilent air, sickness and suffering, and medical

neglect—all these were common,” and they would no doubt have remained common until the present time had it not been for the courageous and noble efforts of men like Pinel, Samuel Tuke, Charlesworth, Gardiner Hill, and Conolly. These men came to their work free from prejudice and officialism, with open eyes and generous hearts, and wherever they went, as has been well said, “pity, goodness, and justice became the rule, and not the exception, in everything which appertained to the treatment and care of the insane.”

IN FRANCE IN 1854.

In France certain of the asylums were described as frightful dens of disease so lately as 1854.

IN SPAIN IN 1846.

In Spain Dr. Rubio declared in 1846 that the treatment of the lunatics differed little from that resorted to in the sixteenth century. They were chained up like wild beasts in filthy dens without the commonest decencies of life ; they were evidently considered as animals in a menagerie rather than as human beings. He adds : “ Our lunatics are worse treated than the most atrocious felons—worse, indeed, than the beasts in the Royal Zoological Gardens. One patient, a lovely girl of sixteen or eighteen, was lying on the ground almost bent double, where it was scarcely possible for her to move or even to turn.”

IN TURKEY IN 1840 AND LATER.

In Turkey, in 1840, at an asylum at Scutari, the maniacs were chained to their cells by the neck, and wild beasts—lions, leopards, and hyenas—were kept in iron cages in the same place with the insane persons. Wild beasts are now no longer put with lunatics, nor are lunatics any longer chained up in the capital. But the civil hospital at Brussa, on the 5th June 1884, contained, in addition to the ordinary patients, five lunatics. Two of them were maniacs, chained by the neck to the wooden floor of the lobby leading from the hospital door to the patients' wards ; another madman was chained up in a similar manner to the floor at the very entrance to one of the rooms filled with sick patients ; and another unfortunate lunatic was chained in the same mode to the plank flooring of a cell in the hospital courtyard. All the chains were long, massive and heavy, and attached to the maniacs' necks by thick, strong

iron rings. The fifth lunatic was a hypochondriac, and, being harmless, was not chained up; but the awful shrieks and howlings of those who were, resounded throughout that quarter of the town, and prevented many persons from getting any rest. It is not difficult to imagine how those horrible howlings must have affected the patients in the hospital, or the state of nervous excitement to which they must have been reduced, in consequence of the brutal treatment extended to the few lunatics within the hospital walls. This state of affairs existed at Brussa in the middle of 1884, and probably exists there to the present day.

IN PORTUGAL IN 1886.

Dr. Tucker gives the following description of the Government Asylum at Lisbon, which he visited about three years ago:—“Nothing too strong can be said in condemnation of this asylum. It resembles rather a prison in the Middle Ages than a hospital for the care and treatment of the insane. Some of the corridors and rooms were so dark, that I could not see to write in my notebook. Iron gates, iron doors, and iron bars, confront one on every hand. Both the place and the inmates were in a condition of extreme dirt, disorder, and slovenliness.” In the corridors the patients were strapped in box restraint-chairs. One room was divided into two seclusion-cells, each being about six feet square. Loose straw was scattered on the brick floors. Several of the rooms had bedsteads arranged for confining the patients in spread-eagle fashion, and to some the only light and ventilation obtainable came through iron gratings in the doors. The violent patients take their meals in an open shed. The male patients carry the food in tins to the women's quarters, and most of them take their food in their bedrooms. Male patients were continually passing through the female wards. Finally, the furniture was “dirty, wet, and stinking, and the odours arising from the uncleanness were intensified by the disgusting smell from some adjacent latrine-closets”. The beds for the dirty patients consisted simply of a bundle of straw thrown in one corner of the room.

IN SALT LAKE CITY, UTAH, IN 1886.

Dr. Tucker also gives a horrible description of the lunatic asylum in Salt Lake City, Utah. The building was uncared for, the glass in the windows was broken, the windows were un-

protected, and the lath and plaster walls and ceilings were broken and in holes. In one room was a sane woman, suffering from illness, who was locked in, while in the adjoining cell was a patient heavily ironed hand and foot. In a caged room a man was confined, who stated that he had not been outside the cell for sixty days, because he objected to have irons placed on his arms and legs, whilst the condition of the cell was filthy and offensive. Outside of the main building, in a lean-to wooden building about seven feet high, twelve feet wide, and fifteen feet long, were four cages, three of wood, and one with iron bars. The latter was seven feet long, four feet wide, and six feet high, and contained a man who had been there confined for seven years. His food was passed through a small gateway a foot high, at the bottom of the admission-gate. In the recreation-ward was a man heavily ironed—legs and hands—lying in the sun, in a most filthy condition. A boy suffering from epilepsy was lying on the ground with irons on his legs. The amount of restraint and corporeal punishment was entirely at the discretion of the lay superintendent, who admitted that he sometimes used a cane to the inmates. One patient was subdued by him, when violent, by sousing him with cold water until exhausted. If the cane failed, the superintendent attached iron manacles to the feet and hands, leather straps being used for the women. If any of the women patients were violent, they were subdued by the male attendants.

We have thought it well to give these more recent instances of abuses which are known to exist in certain countries at the present day in proof, that despite the enormous improvement of modern times, much yet remains to be done before the care and treatment of lunatics can be said to be free from abuse all the world over.

THE PUBLIC EXHIBITION OF LUNATICS.

One curious fact remains to be stated which throws some light upon the state of mind of the people with regard to lunatics during the period under consideration. We refer to the public exhibition of lunatics for payment. In England, up to 1820, one of the sights of London was Bedlam, where the keepers were permitted to earn a portion of their income by exhibiting the patients to all comers on the payment of twopence or one penny per head. The fascination which these exhibitions had for the public is indirectly shown by the curious confession of William

Hutton, the famous bookseller and historian of Birmingham. Hutton's first visit to London was paid in 1749, he having walked up from Nottingham. He remained three days in the metropolis, but all the money he spent was 10s. 8d., out of which he paid one penny for amusements, to enable him to gain admission to Bedlam to see the lunatics.

In France the lunacy-wards at the Hôtel-Dieu were frequented by visitors, to whom the patients were exhibited by the attendants, who excited and teased their charges to their heart's content.

In Germany the lunatic asylums were frequented by the inhabitants of the towns in which they were situated, who made an habitual practice of visiting them on Sundays, with a view to being amused by the antics of the patients.

Ford, speaking of Spain, declares that the asylums generally contained some particular patient whose mental condition made him or her the object of special curiosity to the public. Thus at Toledo, in 1843, the keepers always conducted strangers to the cage or den where the wife of the Captain-General of Catalonia, an officer holding rank superior to that of the Lord-Lieutenant of Ireland, was confined. "She was permitted to wallow in filth naked and to be made a public show."

We have purposely confined ourselves to a description of the treatment of, and the cruelties displayed towards, the insane in these latter days, thereby minimising the tale of horrors we have had to tell. It will be seen that everywhere the indifference of the public permitted the insane of all nations to be dealt with in the most brutal and inhuman manner. This indifference and neglect were due to three principal causes. First of all, people had been taught that when once a patient was removed to an asylum his case became hopeless; and, having regard to this fact, and to the knowledge that at any time they might be called upon to remove the patient, the friends more often than not abstained from visiting their relative, or from even inquiring into his condition, treatment, or state of health. Secondly, there can be no doubt, as Commission after Commission has stated in its report, that greed on the part of the owners of licensed and unlicensed houses has had much to do in later times with the continued ill-treatment, starvation, and general neglect of the insane. Fortunately, although by no means perfect, the present system of inspection is sufficiently thorough to warrant the hope that similar cruelties, in this country at any rate, are minimised, if they are

not altogether absent, in the present day. This same principle of greed—*i.e.*, a general feeling of parsimony on the part both of the State and of the people—up to forty years ago, prevented any amelioration of the lot of the insane. Finally, there was the greatest difficulty in obtaining suitable attendants. The employment was not unnaturally very unpopular and badly paid, and, as a result, the attendants were frequently drawn from the lowest grade of society, and were often men who had failed in other occupations or who had committed offences against the law. Even at the present time few asylums attempt to train those who are responsible for nursing the inmates, and there is no more useful or necessary reform which asylum authorities can enforce than the establishment of a system of training so organised as to afford an opportunity for the display of relative efficiency and the exclusion of those who have neither the talent nor disposition to fit them for the office of an attendant upon the insane. In Holland it has long been the practice, and is, we understand, the practice still, to have as few hired servants as possible at an asylum. The attendants are largely selected from the convalescents, who, it is declared, from the respect in which they hold the governor, are eager in the offer of their services to those who stand in need of them. This system, it is stated, causes the lunatics to be better treated and at less expense than under any other system. What its effects are upon the convalescents and those who are placed in their charge is not stated, but we should like to have very much more complete information about this system before we commit ourselves to a favourable opinion in regard to it.





CHAPTER IV.

EARLY HISTORY OF LUNACY AND ASYLUM TREATMENT IN THE COLONIES AND ABROAD.



IN previous chapters the history of lunacy and lunatics has been treated generally. It may, however, be useful and interesting to give some more precise historical details of America, the Colonies as a whole, India, France, German-speaking lands, and Russia. These facts practically exhaust the subject.

AMERICA.

America has little special history of its own. The first American asylum appears to have been that at Williamsburgh (Virginia), established there in 1773. This was the first institution of which the entire cost of construction and maintenance was borne by the State from legislative appropriations. A few years earlier a Bill passed the Pennsylvania Provincial Assembly, incorporating the contributors to the Pennsylvania Hospital, and appropriating £2,000 towards the erection and furniture of a building, such grant being payable when a like amount had been subscribed by private individuals to a permanent fund. This action was the outcome of a movement for making regular provision for the insane, inaugurated by Dr. Bond and Benjamin Franklin. The charter thus obtained was entitled: "An Act to encourage the establishment of a hospital for the relief of the sick poor of the Province of Pennsylvania, and for the reception and cure of lunatics." It authorised a private house to be rented until a suitable structure could be built. This house was opened in 1752, the new build-

ings not being ready until 1756, as stated below. Lunatics were admitted into a special annex of the New York Hospital, erected there in 1808. This department for the insane was removed to Bloomingdale in 1821. In 1817 a second asylum, the Friends' Asylum at Frankford, Pa., was opened in 1817 for the sole treatment of the insane. Previously to this lunatics had been admitted to the wards of the Pennsylvania Hospital, Philadelphia, from its establishment in 1756. In 1841 the insane patients were removed from this hospital to the special department built for them at West Philadelphia on the linear plan developed by Dr. Kirkbride, which plan was afterwards reproduced throughout America, as will be seen on reference to vol. iii of this work. There is nothing of importance to add to this brief outline so far as America is concerned.

THE BRITISH COLONIES.

An exceedingly interesting minute, dated 6th April 1864, preserved in the library of the Medico-Chirurgical Society, contains some tolerably complete information about the then condition of Colonial asylums and hospitals, gathered from replies to a circular-despatch of January 1st, 1863. The minute begins with the preliminary observation that the returns received are, generally speaking, insufficient, and more especially so in the case of the worst institutions. Nevertheless, there is enough evidence to show not only the existence of the grossest abuses in the institutions as they were, but also the most extraordinary ignorance of what they should be. An instance is quoted of one colony where a hospital and asylum were reported by the authorities to be in a completely satisfactory condition, while, from more particular details subsequently furnished, they were both obviously defective in many vital points of construction and management.

The Colonies are classified into four groups which form the four divisions of the Colonial Office, viz. :—(1) West Indian Colonies. (2) North American Colonies. (3) Mediterranean and African Colonies. (4) Australian and Eastern Colonies.

Speaking broadly of these Colonies as a whole, the following sanitary and structural defects were prevalent in 1864. The sites were in many cases bad, and in no way corrected by good or well-arranged buildings; the latter were usually ill-arranged and ill-cleansed :—"Open sewerage and cesspools adjoining the houses,

bad enough in this country, are fatal in tropical climates, or when aggravated, as at Gibraltar and Bermuda, by the absence of any provision for determining the course or position of filth, which, being left to make away with itself, breeds pestilence and renders the hospitals centres of disease."

The wards, again, were overcrowded and too small, deficient alike in cubic capacity and superficial space, rendering proper ventilation impossible, and even, if possible, still destructive. In eight instances associated wards existed with an average of 400 cubic feet of space per head, and in two cases the space in single cells was even less, five of the institutions referred to being in hot countries. Equally insufficient was the attendance, and a frequent and prominent defect was the absence of any resident physician or surgeon. The asylums were worse than the hospitals, and appear to have been regarded rather as places where a troublesome class could be finally disposed of than as places where curative treatment was to be essayed. They were universally marked by insufficiency of means for the employment and amusement of the insane. In addition to all these gross faults, equally serious defects existed in respect of supervision and reports. In some cases the inspectors were committees of the managing boards, and likely neither to report their own neglect nor to be able to detect in one capacity faults which they could not see in another. In other cases zeal in visiting was rendered nugatory by lack of specific knowledge. Canada alone is mentioned as having a special body of inspectors properly qualified for, and devoted to, their business. The most striking feature in the condition of these institutions is pointed out as being a total want of system and of recognised principles of construction and management. When such principles are not settled, experiment would certainly have been better than the abandonment of all rule, and the permission of what was assuredly destructive. But, at the date in question, the most elementary and perfectly established rules were disregarded, apparently not ignorantly, but wilfully, and the natural and logical result was an enormous increase in the rate of mortality and in the duration and cost of treatment, followed by a proportionate diminution in the capabilities of the institutions.

INDIA.

The establishment of asylums in India must be credited to the British Government. Previously to British supremacy there were no such institutions. It is true that during the period of Buddhist ascendancy, or B.C. 300, the Buddhist princes (Asoka especially) established various asylums and hospitals, but when, about A.D. 300, Bráhmínical supremacy again obtained, such institutions were suffered to decay. When Mahommedans became the dominant power in India, although *hukeems*, or physicians, were attached to the courts or establishments of great Sardárs, there were no public hospitals or dispensaries. The condition in respect to medical aid throughout the whole of India before British supremacy may be judged of from the state of matters in many of the Native Principalities within the memory of officials now in the service. There were no asylums, and lunatics, if dangerous, were chained in some convenient building; if harmless, they rambled about the towns. Lepers, not being cared for, became mendicants. The English Government has, however, brought about very great changes and improvements, not only in British India, but also in the Native States.

FRANCE.

In France it was not until the beginning of the seventeenth century, and after the fervent preaching of Saint Vincent de Paul on charity, that a movement accentuated itself in public opinion in favour of the insane. The hospitals began to open their doors to them; more convents hastened to imitate the few religious orders which had been the first to make this departure; congregations, communes, and hospitals, even, founded a few establishments, to which they gave a semblance of speciality, at Maréville, Avignon, Lille, Armentières, St. Venant, Charenton, Cadillac, and elsewhere.

But these channels of assistance were still of profit to only a very small number, and the interest inspired by those who were assembled together very seldom extended beyond the shelter and material subsistence given them; for no one then believed, and it was still a very long time before anyone did believe, in the curability of insanity, or, rather, in the efficacy of medical means.

The public authorities at last began to take some heed of the fate of the insane. When Louis XIV caused the general hospitals

to be built, a ward had to be reserved in them for lunatics; but the projected measure was, without doubt, not put into execution at first; for although La Salpêtrière was in existence as early as 1657 there were still no more than two score lunatics isolated in Paris, who were placed in an establishment called "Les Petites Maisons", situated where the almshouse "des Petits-Ménages" subsequently stood, in the corner of the rue de la Chaise and the rue de Sèvres.

It was not until some few years later, the 7th of September 1660, that it was decided by a decree of the Paris Parliament that all madmen should be received into the Hôtel-Dieu and treated there, and that at the same time the general hospital should be *provided with a place for the confinement of the mad men and women who are in the said hospital*. This is the first measure of a legislative nature to be met with. If this decree is conclusive evidence that the Parliament recognised the necessity of putting an end in Paris to the confusion reigning in the general hospital—in which patients of every kind, old people, vagabonds, convicts, and lunatics, lived in common—it proves also that up to that time not much attention had been paid to treatment. More than a century later, in 1786. Tenon said that "the nearest hospitals to the capital in which lunatics were treated were Lyons and Rouen, and that at Paris rich and poor were treated only at the Hôtel-Dieu, in two wards where there was only one bed for three and four persons . . . and that after one or two months' stay they were restored to their families, or distributed among various institutions"—doubtless as incurable.

Public attention had, however, been for some years on the alert with regard to the bad condition of the hospitals. An Englishman, John Howard, visiting the prisons of Europe in 1780, had met with lunatics in nearly all; Joseph II, in his turn, when on a visit to France, did not disguise from his brother-in-law, Louis XVI, his painful impressions of the charitable institutions as a whole. The learned professions were stirred; men studied and investigated; a commission was sent to England, the asylums of which had been quite erroneously vaunted; and the King, by that time sufficiently awakened to the situation, caused a code of instructions to be published in 1785, drawn up at his order by Colombier, the physician of Charenton, on the manner of governing the insane, the proper characteristics of the establishments which received them, the diet, and the medical service.

The Academy, about the same time, appointed a grand com-

mission to inquire into the general condition of the hospitals and almshouses, which was composed of Lassonne, Daubenton, Tenon, Bailly, Lavoisier, de Laplace, Coulomb, Darcet, and Tillet.

Shortly after this, Tenon published the memoir of which we spoke just now, and in which he devoted so much space to the insane. His labours paved the way for, and even provoked, a few immediate reforms, notably at La Salpêtrière; but there was no question as yet of legislative measures. These improvements were not indeed of much value, for in 1789, when the Constituent Assembly began its labours, the condition of the insane was still so deplorable that a committee appointed by the Assembly declared with grief, that the means of relief were inadequate; and its chronicler, the Duke La Rochefoucauld Liancourt, said, describing Bicêtre: "Insanity is regarded here as incurable, and the insane receive no treatment; those who are reputed dangerous are chained up like wild beasts; it is the same at La Salpêtrière."

Until 1790 legislation had remained dumb, and it was only the law of the 16th and 26th of March of that year which, directing itself chiefly to individuals confined by *lettres-de-cachet*, made the first mention of lunatics, but only to order a medical declaration of the condition of persons confined on account of demency, with the object of liberating them, or causing them to be tended in the hospitals which were to be subsequently indicated . . . but which never were. Article 3 of the law of the 16th-24th of August of the same year, 1790, includes among the matters of police entrusted to the vigilance and authority of the Government "the duty of obviating or remedying the unpleasantness which might be occasioned by lunatics at large". Article 15 of the law of the 19th-22nd of July 1791, imposed penalties upon those who should allow lunatics or maniacs to wander about; but it did not explain how their wandering was to be prevented.

Dating from 1792, serious attempts at improvement were made. Supposing lunatics who were paupers, and maintained at the nation's expense, were able, like all the other patients, to share the assistance granted to the almshouses by the decree of the 10th of April 1792, yet they were especially and seriously affected by the decree of the 18th of the same month, which suppressed the religious communities which had been wont to tend the insane. The decree of the 12th of October 1794, in its 7th article sanctioned the confinement of lunatics in houses of correction; and their position was also affected by the decree of the 2nd of July 1795,

which ordered Charenton to be closed, although it was very shortly re-opened, it is true, by a decree of the 17th of June 1797, complemented by that of the 11th of December 1799, which ordained that lunatics should no longer be admitted into the Hôtel-Dieu, where they had been received continuously since the decree of 1660, but that they should be sent to Charenton. This last measure was itself modified in 1806 by the exclusion of all pauper lunatics, who were sent elsewhere, the men to Bicêtre, and the women to La Salpêtrière.

The other decrees or resolutions which appeared up to the year 1800 concerning the almshouses, hospitals, and houses of refuge, may have been temporarily, more or less, beneficial or prejudicial to the insane, but not more so than to the rest of the habitual inmates of these institutions, for they contained nothing special. The compilers of the codes should perhaps have filled in the gaps of legislation with regard to the insane, but, either from an oversight or intentionally, they only included the lunatic as a hurtful being, or as a minor, and not as a patient to whom society owed a duty, and over whom it ought to watch: all they did was to regulate former laws in some degree, and the forms of interdiction which ought, as a general rule, to precede all sequestration of property, and to protect the insane against the abuses which might encroach upon individual liberty by the act of public officials or private persons. In the absence of legislative provisions, the administrative authorities endeavour to indicate to their agents the way to avoid the double difficulty of a dangerous latitude and a compromising arbitrariness.

A letter from the Minister of Justice to the Minister of the Interior, dated the 4th of August 1801, estimated as follows the principles which ought to guide administrative action in respect to the insane:—"I think that the administrative authority, in order to obviate all that might result from complete liberty being granted to a lunatic, is empowered by article 3 of the law of the 24th of August 1790, to have them arrested and placed provisionally in a place of security; but this purely provisional measure can never dispense with a final decision upon his condition by the courts. To the courts alone belongs the power of declaring by judgment the insanity of individuals afflicted therewith, after having interrogated them, heard witnesses, and had their condition verified by officers of health. Moreover, it is for their relatives, or for the public ministry, to make application for such judgments."

Thus, before being admitted into an asylum and receiving the treatment required by the disease, it was necessary to be declared incapable of managing one's own affairs, and to await the termination of the subsequent procedure, either in a house of safekeeping, as a prisoner, or at home, according to the circumstances and the people.

Portalis, Minister of the Interior, in a circular-letter of the 19th of August 1804, pointed out, in his turn, the principles in accordance with which the authorities should conduct themselves in dealing with the insane, but he only addressed himself to the dangers that threatened individual liberty, if the foregoing suggestions were not adhered to, or if the prefects on their own private authority were to cause lunatics to be confined.

In the departments the measures varied with the locality; in one, the families made a contract with an almshouse directly and simply; in another, upon the authority of the mayor, if the institution was communal property, or of the prefect, if it happened to be departmental; in other places, again, the preliminary formal declaration of legal incapacity was always required.

In 1815, Esquirol wrote as follows in a memoir which he presented to the Minister of the Interior in 1819, dealing with establishments devoted to the insane in France:—"These unhappy beings are more ill-treated than criminals, and reduced to a condition lower than the animals. I have seen them naked, covered with rags, with only straw to protect them from the cold damp of the stone on which they lie; coarsely fed, kept without air to breathe, water to quench their thirst, and the barest necessities of life; given up to regular gaolers, and abandoned to their brutal supervision. I have seen them in narrow, dirty, tainted cells, without air or light, chained up in dens in which one would fear to keep the wild beasts which are maintained at great cost in the capitals by the luxury of Governments. That is what I have seen everywhere in France, and that is how lunatics are treated everywhere in Europe."

On the 16th of July 1819 a new ministerial circular instructed the prefects to abolish everywhere the subterranean cells intended for the insane, whether in almshouses or prisons; which has not prevented eye-witnesses from seeing some of these cells occupied even in the present day. This instruction, it was thought by the Government, ought to introduce into the service, at any rate, some of the improvements which were so generally recognised

to be indispensable, and so urgently appealed for by all friends of suffering humanity; but it only resulted in partial and very imperfect effects, and it could hardly have been otherwise while legislation furnished no financial means, nor any clearly defined police system. It was not, however, useless; it stimulated some few local governments, so that a certain number of establishments were improved or built; for instance, at Bordeaux, Cadillac, Montpellier, Toulouse, Rouen, and Poitiers; and, shortly afterwards, La Salpêtrière and Bicêtre, at Paris, underwent, what were at that date, important improvements. The very terms of this instruction, which we think it well to reproduce, show us what had been done, or, rather, what had not been done, since Pinel's reform; it declared:—

“The lunatics are distributed among almshouses, prisons, and poor-houses; you will inquire whether it would be possible, at a small expense, to collect them in one single establishment where a system of treatment might be fittingly begun.

“The cells, which are too small, damp, without air, and often underground, must be abolished or improved; courts and gardens are to be established.

“Patients are no longer to be made to sleep on the floor of their cells: beds are to be placed there, fastened to the wall, and the straw for them is to be constantly changed.

“Application is to be made to the relations, who may be able to provide them with bed-linen and clothes.

“The distribution of food shall be regulated by the hospital diet, and in accordance with the doctors' visit-books.

“The warders are no longer to be armed with sticks or thongs, nor to be accompanied by dogs.

“If there are any establishments to which no doctor is attached who daily visits the patients, one shall be appointed, who shall be assisted by a pupil, who must live in the institution, and superintend it.

“The use of irons shall be given up, as has already been done in Paris.”

It may thus be seen that the establishments were still deplorable; but could they be anything else when the question who was to bear the expense was for ever being discussed between the departments, the communes, and the almshouses? In Paris alone, by a resolution dated the 15th of November 1815, the Minister, wishing to relieve the almshouses of the considerable expense of a large

number of lunatics whom the departments sent there, decided that the rate for paupers should be paid by the commune or the department to which they belonged, and the daily charge was fixed for Bicêtre and La Salpêtrière at about one shilling (one franc and a quarter).

At this same date (1819), France possessed but eight special institutions: Charenton, Bordeaux, Lille, Marseilles, Avignon, Maréville, Saint-Méen, and Armentières; twenty-four almshouses or hospitals had separate wards; fifteen poor-houses also admitted lunatics; and those who found no place in these establishments were received into the convents or small almshouses, confined in the prisons, or kept with their families.

From 1786 to 1818, Paris alone recorded the number of its lunatics assisted, and this only in an irregular and summary manner. In 1786 there were 1,009, who, according to Tenon, were distributed thus:—those reputed incurable were admitted into four public establishments, La Salpêtrière, Bicêtre, Charenton, and Les Petites-Maisons—they were removed from this last institution by a ministerial resolution dated the 17th of June 1802—and also into eighteen private homes, each receiving from one to thirty-six lunatics; patients under treatment were, as we have already said, received at the Hôtel-Dieu only.

In 1801 the number had risen to 1,070, but it was not until 1805 that the progression began which has been an ascending one ever since. From 1,225, it rose to 1,590 in 1810, to 1,800 in 1815, and to 2,000 in 1818. In this year (1818) Esquirol said: "The lunatics relieved in France are 5,153 in number, distributed among fifty-nine houses. Of this total more than 2,000 belong to the three large establishments of Paris." He must, however, have been mistaken, more especially as to the number of these houses, for we have just seen that in 1786 Tenon enumerates twenty-two for Paris alone, and we shall see presently how considerable was the number of convents, almshouses, and poor-houses in the departments which a few years later were officially specified as admitting lunatics. "There are", Esquirol continues, "only eight special establishments for the exclusive reception of lunatics; these are, Armentières, Maréville, Marseilles, Avignon, Lille, Rennes, Charenton, and Bordeaux."

Lunatics were also admitted into the general hospitals, though they were principally intended for aged and infirm people, for scrofulous or venereal cases, for children and prostitutes, and even for

criminals, in the thirty-four following towns: Aix, Albi, Angers, Arles, Blois, Cambrai, Clermont, Dijon, Havre, Le Mans, Lille, Limoges, Lyons, Maçon, Martigues, Montpellier, Moulins, Nantes, Nîmes, Orléans, Paris, Pau, Poitiers, Rheims, Rouen, Saintes, Saumur, Sedan, St. Dizier, St. Servan, St. Nicholas, Strasbourg, Toulouse, and Tours.

The dietary was on a level with the rest. In the prisons a dietary of black bread and water for the lunatics confined there, and in the asylums dry vegetables and cheese; never wine. In a few houses the distribution of food was only made once every two days, and the food was then thrown to the lunatics as to wild animals whom no one dared approach.

At Aix, in Provence, is to be seen a thrilling specimen, preserved as a curiosity, of the way in which some lunatics, probably the most violent, received their food. The floor of the cell was covered with broad stones, and a flagstone in the centre, somewhat thicker than the rest, was hollowed out into a round kind of basin about half the depth of the stone. Between the iron bars of the skylight, which shed an uncertain light upon this pestilent cell, the food-distributor introduced a tin vessel fastened to the end of a long handle, and upset its contents into the hole in the stone; this was the plate which received the ration. It is quite unnecessary to imagine the mess the lunatic made there. Is it certain that the food was eaten?

At length the law of 1838 was passed, which is given in full on another page. This law still regulates lunacy matters in France. The first effect of this law was to transfer the patients, who were distributed among the small hospitals, poor-houses, and prisons which only contained a few; for a considerable time longer, however, lunatics remained in several of these establishments, but the majority discontinued admitting them, at any rate. Still some of those which had wards already established were maintained provisionally, whatever the number of their inmates; and others, either spontaneously or upon encouragement from the departmental governments, determined to further extend their lunacy service, and to provide regular wards according to the law, combining for the time all the conditions of special public asylums. These are still in existence.

One of the first cares of the departmental authorities, after having begun to create or regulate the administration of the establishments and their medical service, was to commence the improve-

ment or enlargement of the special establishments, particularly by making those special which were mixed institutions, and, lastly, by founding new establishments.

The department of Côte-d'Or thus opened in 1843 the doors of an asylum, an entirely new foundation, which had been decided upon even before the passing of the law, but which was improperly established in an old convent, and so this institution could never realise the ideal of a good asylum. The departments of Loir-et-Cher and Maine-et-Loir also opened asylums about the same time, the latter, like Côte-d'Or, in an old building, half of which can only be regarded, at the present day, as provisional. Aveyron and La Vendée were the first departments to set an example of more extensive generosity; they had determined upon the creation of an asylum, the former as early as 1838 and the latter in 1846; but their determination could not be completely carried into effect until much later. And, lastly, there was the asylum of Quatre-Mares at Rouen, intended for men—the Saint-Yon Asylum having become inadequate for the reception of both sexes—partially occupied as early as 1851, when still unfinished, which was, and still is, one of the finest and best of the French asylums. Altogether, then, seven new asylums had been constructed, six built at the expense of the departments, and three of which were special foundations. Departments up to that time obstinate in their refusal to build asylums, ended by recognising their necessity, and thus began what we have called the second period in the existence of the lunacy service in France. From this period dates the building or commencement of building, the foundation or reconstruction, of the following asylums, which on the whole are the completest and most genuine lunatic asylums in France: Mondevergues (Vaucluse), which replaced the old asylum known as the “Pénitents noirs” at Avignon; Sainte-Catherine, near Moulins (Allier); Toulouse (Haute-Garonne), Auch (Gers), Saint-Robert (Izère), Châlons (Marne), La Charité (Nièvre), Auxerre (Yonne), Limoges (Haute-Vienne), Brenty (Charente), Saint-Luc at Pau (Basses-Pyrénées), Evreux (Eure), Bailleul (Nord), Bonneval (Eure-et-Loire), and Prémontré (Aisne)—that is to say, fourteen fresh asylums specially built for the purpose, or established in old buildings adapted either as a new service in the department or to replace a mixed service previously existent, but insufficient and bad.

At the same period important improvements and additions

were made in the buildings of the following asylums : St. Lizier (Ariège), Bordeaux (Gironde), Cadillac (*ib.*), Quimper (Finistère), Rennes (Ille et Vilaine), Dôle (Jura), Blois (Loir-et-Cher), St. Alban (Lozère), Sainte-Gemmes (Maine-et-Loire), St. Dizier (Haute-Marne), Maréville (Meurthe), Fains (Meuse), and La Roche Gandon (Mayenne).

The medical staff remained very much what the law had found it, and specialists were rare at first, but became more numerous subsequently. Meaning to do the best for the lunatics, the Minister of that day, in an instruction dated the 5th of May 1852, laid down for the prefects the course to be pursued in order to secure the best appointments. The inspectors were to be consulted, as was only proper and reasonable, they alone being able to know the staff intimately, to appreciate the claims of the candidates and the requirements of the establishment. We are sorry to hear, however, that this wise counsel is far too infrequently put into practice.

Although very difficult of realisation, the custom, which had become far too general, of placing lunatics under observation in hospitals, to avoid the risk, it is said, of sending individuals who might not be insane to asylums, was in existence as late as 1854. A circular of the 6th of June invited the prefects to inspect the places thus intended for lunatics in the almshouses or hospitals, which had been specially mentioned to the Government as frightful insanitary dungeons in which the patients remained uncared for and neglected ; and to demand for the administrative committees more suitable appropriations, and immediate notification of the presence of a lunatic with a medical certificate, in order that his transfer to an asylum might be effected without delay.

Before the law of 1838, the internal service of these institutions was carried out in accordance with a code of regulations more or less badly conceived and different in each case, being often even in accordance with mere custom ; the majority of the establishments being mixed, their code, when one existed at all, contained nothing applying specially to the insane. After the passing of the law, and in proportion to the spread of the special service, special regulations, more or less appropriate to the condition of the insane, had, in conformity with article 7 of the law, to be compiled and submitted for the approval of the Minister, but this course was seldom adopted by any but the public asylums. Many private asylums prepared nothing and submitted nothing for approval, not having taken the

trouble as yet to obtain a license to exist at all, as prescribed by the Order of the 18th of December 1839, as the circular of the 20th April 1855 conclusively proves. From 1858 to 1866 the relations of the central government to the departments only gave rise, in the lunacy service, to communications upon affairs of secondary importance. Amusing examples of this occurred on the 26th of June 1858 and the 19th of February 1859, when it was determined that lunatics who had to be removed from one point to another should travel for the future with their conductors by rail in a reserved second-class carriage at a charge of 20 centimes per kilomètre. Had the whole service been so efficient as to leave nothing to desire, details of this kind might possibly have been pardoned. But in the actual state of affairs no central government, worthy of the name, ought to have allowed such trivialities to occupy its attention to the exclusion of many pressing matters of urgency and importance.

GERMAN-SPEAKING LANDS.

The history of the insane in German-speaking countries dates back to the commencement of the twelfth century, when we have the earliest mention of an asylum existing in Metz, which was maintained exclusively for the use of the mentally infirm. The information available is very scattered, but Dr. Theodor Kirchoff, to whose work we are much indebted, has recently brought most of the facts together in a monograph entitled "A Ground-work for the History of the Cure of the Insane in German Lands". For seven centuries history records a lamentable ignorance of the nature of this malady, and a cruelty of treatment only excusable on the ground of the prevailing superstition, want of knowledge, and universal barbarism. Helpless lunatics were thought to be possessed with devils, and dealt with accordingly, unless their complaint was plainly the consequence of some bodily disease. They were left to wander about, were placed in confinement with prisoners and malefactors, cast into dungeons, where only death released them from their chains, or cooped up like wild beasts in cages or boxes called Dorenkisten. Late in this period wards in hospitals and infirmaries were set apart for them, but the treatment was rigorous and unfeeling. A rational method of kindly treatment, in institutions built upon scientific principles, was not introduced until the dawn of the nineteenth century.

In the earliest times it would appear that the number of persons treated as insane was small, and the only reliable records of them are contained in civilian documents; for the old chroniclers, priests of the Beggar Orders, Minorites and Dominicans, treated them as demoniacally possessed. Still, it must be remembered that the population was then scanty, that private families did not give up their afflicted members, that the duration of life was shorter than at present, and consequently the same patient did not come so often upon the hands of the authorities. Besides various epidemic frenzies, the Crusades, crime, and suicide, were all channels into which what was really insanity became diverted. Among the leaders of these strange maladies of excitement may be mentioned Antonius (A.D. 251-356) in Egypt, Nicholas of Hüe (who died in 1487), the hermit of Oberwalden in Switzerland, and Nicholas of Basel (1375-1420).

Records of the treatment of the insane during the fourteenth century are very deficient, though much that was new originated at that period. Nuremburg was already mentioned as a town in 1050 A.D., and in the beginning of the fifteenth century had 15,000 inhabitants. Between the years 1377-1378 and 1381-1397 A.D. thirty-seven lunatics were placed, at the charges of the magistrate, in the keeping of the prison-warders, who received fixed payments, as, for example, in a case which lay for five weeks and four days in gaol. But the town wishing to get rid of them as soon as possible, seventeen were transferred either to Regensburg, Wissenburg, Bamberg, Bayreuth, Fürth, Passau, Erlangen, Haydeck, or even to Coburg, Vienna, and Hungary. What happened to them afterwards is unknown, but, considering what an important trading city Nuremburg was, and how trade gathers individuals together from all quarters, it is possible that they were simply returned to their native places. It is to be noted also that Regensburg had in its hospital, in 1226, 100 poor people; in 1245, 250, although no mention is made of the insane. Again, between 1400-1450 A.D., sixty-two patients are mentioned in the municipal accounts, of whom thirty-one were transferred. From 1450-1500 thirty-three are enumerated, of whom twenty-four were sent to Regensburg, Grafenberg, Laidersfeld, Hertzogenaurach, Erlangen, or Herrieden. Such patients were never kept more than from two to six days in the prison; but others, natives probably, were maintained for at least fifteen to twenty-one days, and some even for months. In 1487 one was left in the Tower (described on pages 94, 95) for fourteen months.

The accounts deal principally with food and transport expenses, sometimes with articles of dress, and light. Straw is only once mentioned between 1377 and 1500, so that it appears to have been rarely renewed in the cells. The prison was subterranean, under the Council-house; yet the patients were not left altogether helpless, for the surgeon, Mr. Otten, in 1386, received a payment for supplying medicine; and there are other facts showing that the Council felt it to be a duty to succour these unfortunates. In 1408 a lunatic was put in gaol for throwing stones at the public. Another, in 1450, was given in charge to his friends, while for others certain persons were selected as guardians. Towards the end of the century numerous decrees were issued for placing madmen in prison, or in the Tower, at the expense of relatives. The following instructive case occurred in 1488. Fröschel's wife and brothers in the Corn Market were ordered by the Council to take in charge the said Fröschel, who had lost his reason, "lest harm should come to any through him." If the friends declined to act, the Council would do so at their own cost; although the responsibility was gladly left to the family itself. In 1497 a lunatic was put in charge of the beggar-police to be taken care of.

At length, in 1502, a special asylum to which patients were consigned is mentioned for the first time. About the same period certain patients were allowed to go freely about, wearing distinguishing badges—of course, those only who would not be a danger to the community. The treatment was often cruel; thus, in 1377, an idiot received strokes from the deputy-executioner, and, in 1434, the gaoler was paid for whipping a woman. It was against the opinion of the borough council that the idiot-house was taken over by the parish. A cage was in use at Augsburg in the year 1406, and Strassburg supplies us with another example in 1460. Two citizens were bound over to take care of a lunatic; they were to shut him up in a cell, with a chain to one leg, permitting him, however, to move about; and he was to have a youth as attendant. In Zurich, at the end of the twelfth century, it seems there was a hospital which admitted the insane, provided with cells for solitary confinement. In 1497 the Town Council of Frankfort-on-the-Main held it necessary to appoint guardians for insane individuals. When any such patients, who were strangers, caused annoyance, they were sent over the border, home again, or were put in prison, or money was given them to keep them out of mischief. The whole desire seems to have been to render the patients harmless, any possibility of cure being never contemplated. Idiots were not only to be kept, but confined

by their friends; and when means failed them then only the municipal authorities intervened, though they occasionally assisted the family with sums of money. Stocks for fastening lunatics up were always at hand; and private individuals let out rooms in their houses into which stocks and patients were brought. In 1477 a special building in connection with the town hospital was fitted up for lunatics; and, in 1498, the Council resolved to try and compass the cure of one who was lodged in a neighbouring cloister, or failing that, to hand him over to a priest.

Passing to Brunswick, there is mention of a lunatic, in 1390, for the first time, in the Chamberlain's accounts. Madmen were sometimes confined in Dorenkisten, a sort of box covered with tiles and fitted with ironwork, near the town gates. Sometimes the lunatics were placed in the gaols under the charge of javelin-men, turnkeys, or market-men, who received special payment for their custody and transport over the boundary, all the expenses being paid by the municipality. In the north-east, at Elbing near Danzig, a madhouse, dedicated to St. Gergen, had been founded as early as 1326, which was either a special institution in the new town or a department for the insane in the Leprosy Hospital, St. George, in the old town. For centuries there had been two mad-chambers in the neighbouring borough of Königsburg, which were probably still in existence at the close of the Middle Ages. The state of things in Lübeck, during the fifteenth century, was very similar to that in Brunswick. Single patients were kept in Dorenkisten at the appointed places, near several of the town-gates, one of the largest of which had its windows turned to the public thoroughfare, so that passers-by could look in. The Leprosy Hospital was in the same quarter as these cages, which are first specially mentioned in 1471, but remained in existence much later. From the years 1465-1478, the friends of sufferers belonging to the better classes might pay for a room in the Tower.

Hamburg, in 1376, possessed a place of confinement in a tower in the city wall, named the Idiot's Cage, where board and lodging was provided, but nothing is said about medical attendance. As the annual average of patients never exceeded four, most lunatics must have been taken care of by their own families. In the year 1500 they were transferred to the Hospital of the Holy Spirit. The following is a description of the tower. "It was an old building, meant for criminals of the lower orders, with numerous stories, each of which contained several dark cells. The prisoners

usually sat in the lower cells. In the third story there were niches in the wall, which just afforded room for a man to stand upright, and each of which was provided with holdfasts for the insane." This was only one of several similar towers; another having stood where the Zippelhaus was erected later.

The Alexanier Cloister in Cologne is the only certain instance in Germany of the use of these edifices for the keeping of the insane. A record of this occurs at the end of the 13th century.

The markedly co-operative ordering of life in the Middle Ages hindered the development of public agencies for the relief of the sick and deranged, for every guild looked after the needy among its own members. Public hospitals, properly so called, were a later development, and, where they did exist, it is very questionable if they were regularly used for the reception of lunatics. There were some charitable institutions, among them the Xenodochia, often named after the Holy Spirit, which were very numerous in Germany in the 12th century, and these received the mentally afflicted. Subsequently, recurrent epidemics compelled the erection of numerous hospitals; among these was the Esslingen Hospital, which was originally built for paupers, pilgrims, and needy women in child-bed, orphans and the infirm. Moreover, a collection was made in 1254, because the hospital of its own funds could not relieve all the necessitous. Whether during this early period the insane were admitted into it, is not distinctly stated; but in 1520 there was promulgated an ordinance whereby all the poor, deaf, insane, and epileptics were to be relieved when the almoners could not help them.

From the date of the Reformation the want of unity in Germany, a nation split up into so many states and kingdoms, was highly inimical to the systematic development of an asylum system. Whether all hospitals took in the insane is not mentioned, but at Coblenz, in the sixteenth century, the lunatics were placed with the other patients. In some districts, at the beginning of the sixteenth century, special wards were set apart for their use. This arrangement was in vogue in Esslingen in 1544. When leprosy died out lunatics were received into leprosy hospitals, as at Lipplingen and Stuttgart in 1589, where there had been no cases of that complaint for fifty years. In the north of Germany leprosy hospitals were done away with and their revenues handed over to the general institutions for the sick, as in Schleswig-Holstein in 1542. We may note in passing that Houses of the Soul, like that at Bamberg, were not asylums.

In Strassburg it was customary to place the insane in the hospital, maniacal patients being chained up (1716). In Frankfort-on-the-Main there were idiot-houses for ill-doers of various kinds, and perhaps for the insane (1572, 1604, 1618). In 1649 a madhouse is mentioned which may have been identical with the idiot-house, and into this, in 1701, persons from other places were admitted on payment. On the occasion of an outbreak of fire in 1738 the burgomaster forbade the doors to be opened, and the insane perished. The Kasten Hospital was completed in 1783, but still lunatics were put in prison both temporarily and for long periods. The state of these prisons may be thus described: "The cells were half or quite dark, peopled with rats and mice. When a prisoner lost his reason he was not removed, but given in charge of another healthy prisoner, who shared his room. Usually, there were no bedclothes, nor a sack of straw even, only straw strewn upon the floor. It was not until the close of the Middle Ages that a warm meal was provided once a day by order of the Town Council. The regular diet was dry bread. There was often no door and no window, only a hole in the roof through which meat, drink, and the prisoner himself, were let down by a cord. Many of them were kept confined in the stocks, and probably lunatics were dealt with in much the same way."

During the first half of the 16th century, in what is now the province of Hesse, it was sometimes customary for a monastery when closed to be converted into an asylum for the insane. Thus an Augustine cloister in Merxhausen, closed in 1527, was in 1533 adapted for the accommodation of insane and infirm women, and a Cistercian cloister at Haina, secularised in 1524, was utilised to the same purpose. Another example is a Roman Catholic foundation at Wesel, in the Rhine Province (1625), and an ancient cloister for nuns, founded in 1224, at Blankenburg (Oldenburg), which became at first a poor-house and subsequently, in 1786, an asylum. In Brunswick, which shares with Nuremburg and Frankfort the honour of being the first among German towns to establish a regular care of the insane, the Hospital of the Jungfrau Maria, dating from 1224, was early used for the reception of patients. Subsequent to the Reformation, Brunswick had Dorenkisten set up within its precincts at the expense of the patients' friends. This institution consisted of several long two-storied houses in the town, enclosing a large court, and had its own chapel. The quiet patients lived as pensioners, and were com-

mended to the charity of the benevolent. About the middle of the 17th century a law was passed whereby the pauper lunatics who lived in the town were to be provided with food. In 1676 this hospital was changed into an orphanage, workhouse, and house of detention, where the maniacal insane were put in cells called Kojen, the harmless lodging with the rest of the inmates. Task-work included sawing wood, knitting, making carpets, spinning, etc., but from 1644 no fixed quantity was required. Certain amusements were also allowed. The patients came from Brunswick, Halberstadt, Prussia, the free town Goslar, and other places—a proof of the high reputation which this hospital possessed. The individual cost amounted to some £15, exclusive of various extras—to wit, entrance and discharge, burial, doctor's, and dispenser's fees. Clothes, beds, and similar necessities, which the relatives provided, remained as perquisites of the hospital.

At this epoch a portion of the patients were placed in St. Alexius' House, which served as a prison and asylum after 1748, in order to make more room in the general hospital. The first-floor was for men, the second-floor for women, and the upper floor for lunatics belonging to the wealthier classes, who paid annually from £3 to £5 and upwards. The cells of these patients were lighted and heated from the corridor. Here also Kojen were used as padded cells, heated by chinks from adjacent rooms. The cost of treatment was partly defrayed from the work of the patients, of which, since 1749, there are exact accounts remaining. The doctor was paid annually £3, and 15s. for every cure he made. He was to consult the medical council, look after cleanliness, and report irregularities to the board of directors. His visits took place twice weekly. In 1792 the barber-surgeon was directed to take care of his razor and use scissors in cutting the beards of lunatics. The chaplain was not to permit the entry of curious persons. (1801). The prisoners had to clothe, wash, and feed the sick. The space at the Alexius House was limited, as Fricke, the medical superintendent there, pointed out; for the same rooms had to be used day and night. The house governor had to put in writing his opinion that the patient was cured, at the request of the doctor, relatives, or the patient himself. In 1829 this institution became the county asylum until the Königsutter buildings were opened in 1866.

Among houses of correction founded in the 17th century the following are to be enumerated: Hamburg (1615, at latest

1622), Basel (1667), Breslau (1668), where the insane were kept with the worst criminals; Frankfort (1684), Spandau (1687), Königsberg (1691). Among those dating from the 18th century are Leipzig (1701), Halle (1717), Cassel (1720), Celle (1731), Ludwigsburg (1736), Brieg (1740), and Torgau (1771), in which latter the number of lunatics in 1771 was almost 200, their treatment being comparatively good, the physician paying daily visits, as he did to the prisoners, while a female warder was superintendent. It was held by Wagnitz, to whom we are indebted for most of our information on these topics, that lunatics and prisoners should be kept together, for both needed watching. But the former soon became sport for the latter, and languished in their cells until death came. A curious proof that the same treatment was meted out to both these classes of inmates may be found in the fact that their uniform was identical. Thus in Celle, prisoners and lunatics wore grey blouses, with long coats, blue cuffs, and buttons, with grey trousers of coarse cloth. The women had striped skirts and jackets. For ninety-five patients there were forty cells. Beds were laid on the ground, and the privies delivered into a drain underneath the floor. In Brunswick, in a room 23 ft. by 33 ft., there were four cells.

About the horrible condition of things in these prisons much might be said. Reil published in 1818 a work at Halle, containing a realistic account of facts, with which, however, readers of the works of John Howard are already familiar.

In the province of Schleswig-Holstein treatment became at an early period much more humane, and it was proposed to erect independent asylums for Kiel and Altona. In the municipal law of Husum it was laid down in 1608 that a lunatic who committed murder should be diligently watched in prison or put in bonds. At a time previous to the erection of houses of detention madmen were dealt with in different ways. In 1647 one was to be transferred to the hospital of the Holy Spirit, Neustadt, so soon as there should be a vacancy. Another was, in 1740, confined in the cloister of the Holy Spirit, Kiel, but after two years he was made over to the House of Correction. There was a madhouse in Oldenburg, Holstein, in 1732, which contained, however, only two patients in 1739, when it was finally closed. A similar institution existed at Trittau, in S. Holstein. A madhouse was erected at Neumünster in 1728, situated to the rear of the prison, consisting of a one-storied building forming a square, every patient being in his separate cell. These cells lay along a passage, had

iron doors and iron gratings with a slot for passing the food in. The surgeon made complaint (1747) of the state of the prisoners, showing that for eight or nine years there had been no renewal of clothing or bedding. Admissions into the madhouse or prison appear to have depended mainly upon the amount of accommodation available at the time of admission. A rescript of 1756 provided that when there was no room in the asylum patients might be placed in private charge. There are instances of transportation across the seas.

A proposal to enlarge the Neumünster Institution, made in 1778, fell through, and in 1789 it was resolved to transfer the patients to the asylum at Glückstadt, where a prison had been erected in 1735 to which a madhouse was added in 1755. The latter was finally separated from the former and transferred to Schleswig in 1820. An asylum for the two Duchies of Schleswig and Holstein becoming evidently necessary, Royal Letters Patent were issued in 1817, according to which "the present madhouse united to the Glückstadt House of Correction should be completely divided from the same and a new institution built". The Government gave the preference to the Schleswig site over that near Kiel, proposed by the Sanitary Council of Schleswig-Holstein, the members of which desired to place the asylum within reach of the University, for teaching purposes. The plans were prepared by Esquirol, and were approved by Frederick VI. A great increase in the number of patients caused additions to be made in 1834 to the male side, and in 1846 and 1866 to the female side. The management was entrusted to a board of directors appointed by the King.

In Hamburg, between 1526 and 1535, no lunatics are mentioned, but in 1539 three were detained there, of whom one died, and the other two broke loose. Supervision appears to have been faulty, and the sum of £2 16s. paid annually, from the town chest to the Hospital of the Holy Spirit, for the food and clothing of four patients, points to very economical arrangements. It is stated that in the commencement of the sixteenth century the insane were no longer placed in the old tower, but were kept in the neighbourhood of the Hospital of the Holy Spirit, or in a tower which formed part of the fortifications. But possibly this change depended upon the fact, that in 1464 the tower near the Zippelhaus was removed, and a new tower erected by the hospital. Prior to the seventeenth century the tower could only have been used exceptionally. It is plain, however, that,

there was an increase in the number of the insane during the sixteenth century, for the annual payment from the town chest to the hospital was augmented from £2 16s. in the beginning of the century to £5 12s. in 1557. The so-called Plague Hospital was erected in 1608, as a kind of general hospital, and after 1683 the insane were admitted into it: only a few being paid for by relatives, the majority at the public cost. In Hamburg such cases were never confined with prisoners in the House of Correction, even when they were criminal lunatics. Already malingering was understood. On occasion, the Plague Hospital refused admission, and sometimes successfully. In 1679 a lunatic was brought from the Duchy of Lauenburg to Hamburg.

A tower in the wall was in existence in Bremen from a very early period; but it is not known whether lunatics were admitted with other patients into the St. Jürgen Hospital, built 849-865. There is more reliable information regarding the infirmary, and certain of the seventy wards were set apart for the insane from 1527. They were also taken into the Johannis Cloister, which became a poor-house and infirmary in 1546. Just a century later the prison-workhouse was opened, but does not appear to have been used for lunatics. There has been an asylum proper since 1823.

By the end of the fifteenth century, reforms were introduced in Lübeck, which had rich consequences a century later. By 1537 a considerable sum of money was collected, partly through legacies—in fact, the Council decreed that in wills something should always be left for the insane. The number of persons so afflicted was, however, so small, that between 1570 and 1573 an annual sum of £6 sufficed for their maintenance. In 1601, by resolution of the borough Council, a one-storied house was erected, with walls of wood and floors of stone, containing twelve small cells. In 1630 a collection was directed to be made in all churches on behalf of the lunatics. In 1669 it was determined to build a new hospital, containing six wards. The provost of St. Jürgen provided the site free of cost, and in return the superintendent of this new asylum undertook to admit the insane from the Cloister of St. Anne without charge. Oddly enough, this asylum became also a menagerie, and sometimes as much as £5 was collected in small gifts from the visitors on Shrove Tuesday. The concourse to see these sights was put a stop to in 1803. Between 1619-1788 300 patients were treated, not medically, but by a moral regimen, including psalms,

hymns, Scripture-reading, and catechising. Owing to the inconvenience arising from idiots and similar patients being at large, the Council decreed in 1783 that they should be kept in confinement. When the new building was erected in 1788 it was determined to shield the public from these exhibitions, and so an asylum-prison was founded, with eight wards for the insane. Along the four narrow passages were twenty-four cells. The windows were provided with iron bars, the floors paved with stones, the cells being of wood, dimly lighted from above, and disfigured with fixed privies.

It was long in Mecklenburg before the insane were specially cared for; thus, from 1736 to 1766 the hangman had to take them into custody and safe keeping.

A curious epidemic frenzy broke out in Spandau in 1594, which affected a hatmaker, and then spread to thirty or forty individuals, who climbed roofs and trees at great personal risk, until they were finally chained up to rings in the walls. At Berlin and Brandenburg there was no orderly care of the insane until the eighteenth century, when they were first confined in the workhouse in the Waisenbrücke, called Friedrich's Hospital, with the aged poor and orphans, at the charge of the general poor-fund. Among the regulations of the Friedrich's Hospital occurs the following, under date March 15, 1702: "Who can pay, must; but any Berliner who cannot pay shall be taken in gratuitously. Those from other districts must be paid for by the authority sending them. Patients slightly deranged, but not raving mad, shall be received into a nice room and allowed to go about the house." This hospital becoming overcrowded, the lunatics were subsequently removed to the workhouse, near the Dorothea Hospital, where they remained till 1728, in which year they were transferred to the asylum and poorhouse in the Krausenstrasse.

The latter institution originated in a bequest by a merchant, Ernst Gottlieb Faber, who became insane and died without heirs. Two wings and a connecting-block were added to his house, and the insane and epileptic patients from the Dorothea Hospital were drafted into it. Here, also, vagrants and vagabonds were detained for a time, and set to work woolspinning. Divine service was at first conducted by the tutor from the Friedrich's Hospital, in a room set apart for the purpose. In 1737 a chaplain was appointed who received £7 10s. per annum, board, lodging, and the promise of additional remuneration if he did his work

satisfactorily. After 1751 the duty was entrusted to the four senior tutors in turn. The increase in the number of the insane in 1747 necessitated the purchase of a house in the Schützenstrasse at a cost of £101 5s., and *Dollkisten* for maniacs were set up on both sides of the court. In 1756 these were taken down, the space converted into a garden, and a third story added to the wings and block, so that sufficient accommodation was thus found for the old patients as well as for a few patients belonging to the higher classes.

Nicolai, in his description of Berlin, writes thus: "The *Dollkisten* were partitioned off from one another with strong boards, warmed during the winter by pipes carried above, and which could only very improperly be called chests (*kisten*) at all." As for the rest, he tells us, "The quiet patients occupy suitable rooms, and enjoy all possible freedom in house and grounds. Those who can work are kept busy with spinning and other tasks. A special physician and surgeon do all that is possible to restore these unfortunates to health. In the house, by the appointment of an inspector, housekeeper, attendants, and servants, order, cleanliness, and security are provided for. The patients are as far as possible gently dealt with." Formey, staff surgeon to the King of Prussia about 1770, gives a less favourable account. The wards were so small and close together that the atmosphere was polluted and the smell unbearable. These evils were increased in the winter, when the patients huddled close together for the sake of warmth, owing to a defect in the heating of the cells and corridors. There was but one warder and two assistants, though there were often more than 100 patients.

The Faber institution was burnt down on September 1st, 1798. In 1785 the expenses were paid out of the poor-fund and the Charité-chest; but after 1798 exclusively from the former. About £505 was contributed from the poor-fund in all between June 1st, 1798, and May 31st, 1799. The endowments of the institution passed to the Charité, which had to take charge of all the municipal insane who required continuous medical treatment and constant watching. A certain number of patients were placed in the workhouse in the Königstadt. On October 27th a decree was issued whereby the hospital department of the Charité was removed to the Wallstrasse; the space thus vacated being used for lunatics, and only a few harmless incurables were admitted into the new hospital or workhouse. Things remained in this condition until 1820, when

the new municipal board for the poor declined to take over incurable lunatics. A struggle followed between the Royal and Municipal Governments, ending in the former giving way, the incurables in dispute being received into the Charité. It now became overcrowded, and a couple of blocks had to be added in 1828 and 1831, into one of which chronics, idiots, and children were transferred. The insane population continued to increase so that in 1851, the Debtors' Prison was prepared for female lunatics, who were transferred from the Charité, the attendants being selected from those in detention, who were placed under the charge of a superintendent. The female lunatics thus became rigidly separated from the men; each ward, in the new female asylum, contained from three to seven beds, and served both as a day-room and sleeping room. A new hospital was next provided on the Waisenbrücker, and the sick from the workhouse infirmary were brought there, so that the Charité gradually became a fairly independent asylum for males. Both male and female attendants were appointed at monthly wages of 30s. and 12s. respectively, with board and lodging. The able-bodied lunatics were now provided with work, and an extra diet was given them if they showed sufficient diligence.

RUSSIA.

Turning now to Russia, we find that the Preobrajensky Hospital at Moscow belongs to the oldest of the lunatic institutions in that country. Formerly, up to the eighteenth century, lunatics of all classes of society were placed in male or female monasteries, according to their sex; but in 1723 the Emperor Peter the Great, by a ukase of the 5th of September, decreed that no more lunatics should be sent to monasteries in the future. Under the Empress, Elizabeth Petrovna, by a ukase of the governing Senate, of December 15, 1746, the principle of not sending patients to monasteries was reaffirmed. Later on, in the reign of Peter III, this ukase was again confirmed by several decrees of the Senate, but as there were no special houses for lunatics, patients were placed in the Zelenezski Monastery at Novgorod, and in the Andreas Monastery at Moscow. The realisation of the idea of building special houses for persons suffering from mental diseases occurred at the end of the eighteenth century, when the Empress Catherine II, by a ukase of November 6, 1773, appointed St.

Petersburg, Moscow, and Kazan as localities for confining lunatics ; and on July 13, 1777, a ukase followed for the founding of a hospital for invalids at Moscow, with a section for lunatics, out of which the Preobrajensky Hospital eventually grew. The administration of it was at first confided to the head of the police ; afterwards it was under the control of the financial department of the Moscow municipal authorities ; and in 1802, upon the extension of the work of the section for lunatics, and after its transfer to the superintendence of the Moscow Charitable Board, a new building was erected for lunatics, in which patients are confined at the present time. At first the institution served for the confinement of lunatics, in view only of the public safety ; but in 1833, on its transfer, together with other charitable foundations, to the control of the " Board of Trustees", it was adapted for the cure of persons mentally affected, and in 1838 was named the Preobrajensky Hospital.

On its foundation in 1779 the asylum contained eighty beds ; in 1822, one hundred and twenty beds ; in 1861 it contained two hundred. In 1876 the hospital was enlarged to two hundred and eighty beds, at an expense of 150,000 roubles (about £15,000) ; and the works were completed in 1878.

It appears that in the early part of the nineteenth century the house of correction at St. Petersburg, though originally intended for persons outraging public manners, was utilised, by order of the Emperor, on the 14th February 1841, and afterwards, to the extent of 150 beds for working men. Houses of correction were organised in Moscow and St. Petersburg in 1832 by order of the Emperor Nicholas I ; but the same year the first lunatic hospital was opened near St. Petersburg, being called, " For all the Afflicted." About this time, 1840, lunatics brought to the Government for examination were confined in the town-prisons, and this practice continued for many years. In 1842, at the instigation of the general military governor, the Board of Trustees organised a temporary section for lunatics in the House of Correction, a ward of six beds being opened there on the 12th of June 1843, from which they were transferred after examination to the hospital. A little later, at the Emperor's instance, a section of the Oboukhowski Hospital, containing thirty-four beds, was devoted to lunatics without relatives in St. Petersburg. In 1851, strange to say, the lunatics were transferred from the hospital " For all the Afflicted" to the House of Correction, where they were placed under a guard of soldiers, in

an apartment containing accommodation for twenty-five lunatic prisoners. In 1855 a section for female lunatics, containing twenty-four beds, was organised in the House of Correction, and this section contained a privy, the walls of which were covered with oilcloth, and which possessed neither a window nor ventilation of any kind. Up to 1866 these lunatics, in the absence of fixed regulations, were supervised by the officials, who acted entirely on their own judgment. Owing to the considerable increase in the number of lunatics, they were transferred from the hospitals to the waiting-rooms of the prisons, where their condition became worse and worse.

The total accommodation for lunatics in St. Petersburg at this time amounted to 650 beds. The Board of Trustees, at the instigation of the town authorities, provided 135 beds in the House of Correction for lunatics of both sexes. Into these wards lunatics who were paupers were admitted gratuitously, while those who could pay twenty roubles per month received the same treatment as the paupers. Better class patients, called boarders, paid forty roubles monthly. Epileptics and persons feigning insanity were eligible for admission. The cost of administration was divided between the town authorities and the Board of Trustees.

Ultimately, by order of the Emperor, prisoners were transferred from the House of Correction to the prisons, and the former was named the St. Nicolas Asylum, and devoted thenceforward to the reception of lunatics. In 1884 the municipality of St. Petersburg became responsible for the St. Nicolas Hospital, and in consequence many radical changes and improvements were speedily introduced, at a total cost of 154,309 roubles. In 1876 the municipality opened an asylum for fifty lunatics; and still more recently it established two additional asylums on the Okhtra river, with accommodation for 200 male and 200 female lunatics.

The scale of remuneration of the officials is as follows:—The medical superintendent receives 1,800 roubles (about £250) per annum, the house physicians 1,000 roubles each, and the junior medical officers 400 roubles each. The head attendants, male and female, receive 400 roubles per annum each, the male attendants 250, and the female attendants 210 roubles each. There is also a superintendent who receives 1,800 roubles. On an average, thanks to the wise regulations instituted by the municipality, there is one superintendent to every forty patients, and one attendant to every three patients. The St. Nicolas Asylum accommodates about 300 patients, of whom about seventy belong to the paying class. The

average cost of each bed during the last ten years has been 198 roubles, *i.e.*, about £28.

Still more recently the municipality has erected the St. Pante-hemon Asylum for incurables, with accommodation for 500 patients, at a cost of 900,000 roubles (about £120,000). According to the latest reports, there are 1,058 lunatics under treatment in the various hospitals and asylums of St. Petersburg. The cost of maintaining each chronic patient is 242 roubles a year. It is a curious fact that the working male patients are allowed brandy with their dinner, breakfast and tea consisting of milk and brown bread.

Generally it may be said that great structural and administrative improvements have been introduced into the asylums of St. Petersburg by the municipality, which continues to show an intelligent interest in all that concerns the welfare of the insane.





CHAPTER V.

THE PRESENT CONDITION OF LUNATIC ASYLUMS.



EW things are more astonishing than the contrast between the enormously prolonged period which has been required for the idea to take root that lunatics are not criminals to punish, but patients to cure ; and the rapidity with which, having once taken root, it has developed and borne fruit. Conditions of things not only possible, but regarded as natural within the actual experience of living men, are now properly held to be barbarisms, incompatible with the least advanced state of civilisation, and inherently opposed to even the lowest conceptions of humanity. Old notions are daily being exploded, and expediency, that plausible excuse for the most dangerous doctrines, has been represented in its real character. The rapid strides made by science in the department of analysis have enabled the subtle varieties of form assumed by insanity to be generally appreciated, and the logical result is, a careful differentiation in the treatment to be pursued for the individual aberrations of the insane. Thus, the once accepted generalisation that all lunatics were a source of danger to the community, and therefore should be secluded for the public good, has ceased to obtain credit, being supplanted by the truer generalisation that all lunatics are invalids, who should be confined in some place calculated to result in their own benefit. It is not superfluous to dwell upon this point, because it is only in the last few years that the doctrines taught by the greatest alienists and humanitarians have really sunk into the hearts of the people at large, and brought about a widespread interest in the whole question of insanity.

Buckle has advanced a theory that during the latter half of the

eighteenth century the intellect of France was concentrated upon the external world with unprecedented zeal, and led to a vast sequence of events the effect of which cannot even yet be accurately determined. He adduces evidence sufficient to prove that during that period a wave of thought was passing over the world, leaving annihilation of much that was worn out and unseaworthy behind it, but bringing with it in its volume countless grains of golden knowledge. Upon this mass of material the master-minds of the day began to work, and a rich harvest was gleaned, the profits of which we are enjoying still. But after a time—and that a comparatively short one—other matters diverted men's attention. Troubles abroad and troubles at home, wars, strikes, and labour quarrels all helped, not to undo the work of the past, but indefinitely to postpone any further progress. And now, at the end of the latter half of the nineteenth century, after just a hundred years, there has been another vast intellectual flood, and we have time and opportunity to look round us and see how we stand with regard to the work we must do.

It would be an interesting task to compare these two great epochs in the history of mental progress. But we can insist only on one distinguishing feature between them, and that is, that whereas in the former period the advance made was attested rather by the conspicuous success attending a comparatively few geniuses than by the world at large, the advance now is shown rather by a general intellectual development than by the phenomenal brilliance of individuals. To this extent at least the analogy is noteworthy, that as the one time was opportune for a few men to take up the question of lunacy and open up a better prospect for its unhappy victims, so the present time, when the mass of the people have attained to a higher intellectual platform, is especially opportune for the realisation of those hopes. Public opinion is always a mighty force, and when supported by the additional power that knowledge gives, it exercises an irresistible influence. Our business here is to inquire what effect public opinion has had upon the great question of the treatment of the insane, and to see how modern lunatic asylums have improved during the last few years.

MAXIMUM ACCOMMODATION.

We do not propose here to offer any counsels of perfection on the condition of asylums as they should be, but merely to select a few types of the best and worst institutions, drawing attention to some of their more salient features, and inferring from them the average degree of merit to be found in the large number of asylums to which it is impossible even to refer. Probably the first point to compare is the proper capacity for patients which asylums ought to have, with that which actually obtains. At the very outset we are greeted with a strange anomaly. There appears to be a remarkable unanimity on the part of American superintendents that the proper maximum number of patients to be accommodated in one institution should not exceed three hundred. Dr. Schultz, the medical superintendent of the State Asylum at Danville, Pennsylvania, is of opinion that "the proper maximum number of patients to be received into one hospital, consistently with individual treatment and care, will depend on the activity of the movement of the population, and the character of the cases, whether acute or chronic. Where changes are frequent, and the cases acute, fifty patients are enough to keep one medical man busily occupied. Where the opposite characteristics mark the inmates, as is the case in some State institutions, their number may be greatly increased, and reach several hundreds. The accumulation of the insane under one management, so as to reach a thousand or more, can only be justified as a measure of economy, and must be attended by the sacrifice of the best interests of those chiefly concerned." At this particular institution the capacity is for 700 patients, and although there is no evidence to show what are the characteristic marks of the cases met with in it, it is nevertheless a legitimate assumption that 700 inmates are far too numerous in the opinion of the medical superintendent, who is presumably more competent than anyone else to form intelligent conclusions on the subject.

OVERCROWDING IN AMERICAN ASYLUMS.

Dr. E. T. Wilkins, the medical superintendent of the State Insane Hospital at Napa City, California, concurs with the general opinion that 300 is a proper maximum number of patients to be under the charge of one man ; yet at this asylum, which taken altogether is

a good type of American institutions, not only is the capacity for patients 640, but the actual number of resident patients in 1880 was 1,174, some of whom were children, although the admission of the latter is forbidden by the regulations of the asylum. This is very far from being a single instance of overcrowding. The Government Hospital, Washington, with a capacity for 800 patients, contained 1,073 in 1883; the City Lunatic Asylum for Females at Blackwell's Island, New York, with a capacity for 1,144, held 1,345 in 1881; the State Asylum at Kalamazoo, Michigan, held 742 instead of 550, and so on. In fact, overcrowding is a distinguishing feature of American asylums; and if it be true that individual treatment is absolutely a necessity in the treatment of insanity, as a competent American doctor declares, it follows, that in one vital point the institutions in his country are diametrically opposed to the cause they were intended to further. Were it not for the lavish expenditure in sanitary matters, and the introduction of all the latest scientific appliances for minimising labour and risk, it would almost appear, that lunatics in America were still regarded as a class to be confined first, and perhaps cured afterwards, rather than as unfortunate beings for whose curative treatment these enormous buildings have been designed. Even supposing that the proper maximum number of patients for one institution has not been clearly established, and that it is possible to afford the necessary amount of individual attention to each of 1,500 patients, it is still obvious, that there should never be more inmates in one building than it was erected to hold. It is unwise in any case: in that of a hospital or asylum it should be impossible. As a matter of fact, although it is in America that medical superintendents are most emphatic in the assertion that 300 should be the maximum insane population for any one institution, it is in America that overcrowding is most common. So common, indeed, is it, that it may almost be said to be the rule, whereas, in other parts of the world, it is certainly the exception.

INSTANCES OF OVERCROWDING.

In New Zealand, at the Whau Asylum, Auckland, and at Christchurch, the excess of population over capacity was serious some few years ago, but the danger was promptly recognised, and the difficulty met by the addition of a new wing to the former, and of a simple and inexpensive one-storied wooden building

for quiet and industrious male patients at the latter. Austria has one bad example of the same fault in the District Asylum at Buda-Pesth, where, with a capacity of 500, the number of inmates some years ago was 710, or nearly fifty per cent. more than it was intended to receive. Again, in the Government Asylum at Brünn, in Moravia, the excess over capacity at about the same time was a little more than twelve per cent. In England the relative number of institutions where overcrowding is allowed to exist is even smaller; the two worst instances, perhaps, being the Gloucester County Asylum and the North Riding Lunatic Asylum. Clifton, Yorkshire, where the inmates numbered 590 and 601, instead of 550 and 570 respectively. France and Germany are both very free from the same fault, but in the former one bad instance is found in the private asylum at Cleremont, where there have been as many as 1,541 patients instead of the proper complement of 1,200; while there are several places in the latter where the excess varied from one-eleventh to one-fifth. The asylum at Genoa, in Italy, is in a bad condition in many respects, much of its defectiveness being due to the abnormal degree to which overcrowding is allowed to attain. It was built to hold 300 patients, but the ordinary number of inmates appears to be about 700, and the results may be easily conceived, one of the most deplorable being the excessive use of mechanical restraint. At Moerenberg, near Haarlem, provision is made for 800 lunatics, but the normal condition of this institution is one of over-population, the excess over capacity being generally more than one-eighth.

THE EVILS OF OVERCROWDING.

Overcrowding in asylums is an evil of the first magnitude. Wherever, indeed, the population of an institution is in any considerable excess of its legitimate capacity, individual treatment immediately suffers, carelessness and neglect become first difficult to avoid, and then accepted as inevitable, and finally the whole asylum degenerates into an infamous sort of prison, upon whose unhappy inmates no ray of hope can ever shine. Spain is almost equally backward in all matters concerning the management and treatment of her insane; while, curiously enough, the institutions in Russia are on the whole in a satisfactory condition, far more so than the ordinary ignorance of Russia and things Russian would lead most people to suppose. All these facts accentuate the feel-

ing of surprise with which we must regard the enormous over-pressure in nearly all American institutions. The only conclusion that can be drawn is, that instead of doing their best for those lunatics whom they have room in their asylums to treat, they are attempting to relieve the general public of a social inconvenience by confining *all* the lunatics in the space they have at their disposal, and to some extent they must disregard the paramount importance of remedial measures. By attempting to do their best for all the insane in their borders they deliberately accept the responsibility of failing to do their best for the smaller number of cases with which they are qualified to cope. There appears to be a general impression that insanity is increasing above the ratio of population, which, if true, makes intelligible the enormous difficulty of making any adequate provision for the perpetually increasing number of lunatics applying for admission to the asylums. But while all the medical superintendents insist on the evils of overcrowding and of unduly large institutions, it seems strange that a peremptory stop should not be put to the admission of the insane into American asylums without any regard to the fact that there is no accommodation for them, and that every such admission in excess is likely to lead to a decrease in the percentage of recoveries from treatment. Some form of temporary provision could and ought to be immediately made, until final arrangements can be devised to settle the problem, if not for ever, at any rate for a very long time to come.

ANCIENT AND MODERN METHODS CONTRASTED.

Without enlarging upon the question whether or not any change has been gradually taking place in the form of insanity, or upon the circumstances which have or have not brought such a change about, it is well to refer to the point as having some bearing on the assertion that in the last few years what is called the "Humane Period" has really dawned. Many of the brutalities perpetrated in lunatic asylums in by-gone days may be attributed to the lack of proper supervision in the first place, and to the fury of patients being misinterpreted, in the second. Other causes there were, no doubt, but they need not be considered now.

People nowadays are so far educated that there is little danger of the violence of patients being construed into a set and, one may almost say, intelligent determination to resist to the utmost of their ability all the measures resorted to for

their ultimate good. Formerly, when a patient was driven into exasperation by the confinement against which he rebelled, he was lashed into submission and quietude, and exhaustion was accepted as an equivalent for acquiescence. Nowadays the most ignorant warder knows that blind fury is a constant concomitant of acute mania, as natural an evidence of the disease as eruption is of small-pox, and, acting upon the knowledge he possesses, would be little inclined to substitute violence for suasion, even if he could do so with impunity. But in addition to the development of feelings of humanity attributable to the universal progress of education, there is a prevalent opinion that of late years a change has been gradually taking place in the forms assumed by insanity, particularly in the increase of melancholia over mania. If this is so, there is here another satisfactory piece of evidence to show that the general disuse of mechanical restraint is the logical outcome of our more intimate knowledge of insanity as a disease, and perfectly warranted by the alteration in its form. For even the staunchest advocates of restraint as a remedial measure will admit that it is only necessary in cases of extreme violence; and if the acute mania responsible for these is on the decrease, there will naturally be fewer occasions for its adoption. In England restraint is almost entirely abolished, being only resorted to in surgical cases when there is absolutely no other means of keeping the unhappy patient still.

THE USE OF MECHANICAL RESTRAINT.

Once more the anomaly appears of the preservation in American institutions of what is practically conceded to be obsolete. Almost without exception, in American asylums, various means of mechanical restraint are in use, although more than one medical man has raised his voice against them. At the North Western Asylum, Lucas County, Ohio, the restraints employed are muffs, wristlets, straps, and camisoles. Patients are known to have been secluded in an almost dark room; and others, even when in a tranquil state, have been strapped to their chairs.

At Richmond, Virginia, they indulge in fixed chairs and ring-bolts in the walls, to which the wrists of the patients can be secured: a return to the historic methods of treatment for which there can be no justification. Crib beds, muffs, gloves, wristlets, straps, camisoles, and fixed chairs are in general use throughout America. Special mention should, however, be made of the State

Asylum at Norristown, Pennsylvania, where, with an insane population exceeding 900, no restraints whatever are employed. The credit for this excellent state of things is largely due to Alice Bennett, M.D., Ph.D., who has used all her influence and experience as female resident physician to abolish a system which she holds to be actively prejudicial to the insane. Her convictions are that mechanical restraint does not in the majority of cases restrain, as it is not easy by mechanical appliance to so confine a person that he cannot accomplish something by muscular effort and energy; checked in one direction, he finds some other outlet, with the added impetus of resentment and desire for revenge; it *does* exert a positive influence for evil; it is infinitely easier, safer, and cheaper to do without it. To the objection that all this is already acknowledged, and that restraint should be only used when necessary for exceptional cases, Dr. Alice Bennett rejoins that these exceptional cases have never been specified, and that "this rule of necessity is apt to become a sliding scale, adjusting itself to the convenience or caprice of the hour, until the 'exceptional cases' are likely to cease to be exceptional." For nearly ten years these opinions have been carried into effect at this institution, and the results have been altogether satisfactory.

It is noteworthy, also, that the reports and accounts of those asylums where no mechanical restraint is permitted are generally far pleasanter reading than are those of asylums where the reverse is the case. On examination, this statement will be seen to be a highly probable one, inasmuch as freedom from restraint is almost always accompanied by considerable employment of patients. So obvious, indeed, is the possibility that the superfluous energy of the insane might be diverted into a profitable channel, that it seems extraordinary that the experiment had not been made long ago, and still more extraordinary that even now the powers of the insane as a productive class are not utilised to their fullest extent.

THE EMPLOYMENT OF LUNATICS.

In those asylums, however, where mechanical restraint has been entirely abolished, a very great development in the amount and kind of employment entrusted to patients has taken place; and experience in America goes to prove that of all the curative agents for insanity judicious employment is one of the most efficacious. The amount of employment and the number of employed must

largely depend, however, upon the class of cases under treatment. Homicidal and suicidal cases, for instance, are unsuited for employment, as experience has proved. Unrestricted employment, therefore, must mean greater liability to accidents, and it is very doubtful if the authorities are justified in subjecting other lives to great and easily avoidable risks on the chance of curing a larger proportion of those under treatment. Such considerations render it difficult, if not impossible, to compare the respective efficiency of any two asylums, from the percentage of patients under employment at a given date.

Dr. R. H. Chase, the resident physician of the State Asylum at Norristown, Pennsylvania, is very emphatic on this point, declaring his conviction, that "employment and non-restraint are twin sisters that must go hand in hand in the upward march of improvement in the treatment of the insane". There are two classes of insane patients with whom especial difficulty has been found in inducing them to work ; first, those derived from the better social caste, who take umbrage at the suggestion of the commoner kinds of manual labour ; and second, patients whose capacity has actually been largely destroyed by their affliction, and who are in addition absolutely untrustworthy. To meet these cases new industries had to be resorted to ; for the former a printing-office and scroll-saw shop, and for the latter a shop devoted to the manufacture of scrubbing-brushes. In both ventures conspicuous success has been achieved, resulting not only in benefit to the patients, but in financial profit to the establishment.

In the women's department equal stress is laid upon the value of employment, although the difficulties are even greater here, owing to the varying grades of incapacity and debility among the patients. These women are employed in the brush shop, laundry, sewing-rooms, kitchen, and dining-rooms ; on occasional work, such as paring potatoes, sewing, and daily work in the wards, etc. ; and for some few special employment is found in fancy work and similar pursuits. Outdoor labour is largely resorted to for the able-bodied male patients, and on the farms attached to most of the American asylums and in the pleasure-grounds a considerable amount of unskilled work is accomplished by the men, which, of course, represents a great pecuniary saving to the funds of the institutions. The making or repairing of boots and shoes is largely carried on by the insane, and in many institutions the whole of the tailoring and making of women's clothes is done by the inmates.

THE "COLONY" SYSTEM AND MANUFACTURES.

A common feature of asylums in America and many parts of Europe is the "colony", situated usually at some distance from the main building, and devoted to those patients who are more reliable and able to enjoy the comparative freedom found there. These colonies are really farm settlements, but, in addition to the merely agricultural labour, of which they are the centre, the workshops are often attached to them. At Dobran, in Bohemia, these shops include shoemaking, tailoring, picture-frame making, and fretwork, straw mattress making, carpentering, and upholstering. All these different trades are located in separate cottages, one of which is devoted to female patients for laundry purposes. There is also a special home for weaving and spinning, the necessary machinery for which is all made on the premises, several patients assisting the engineer in the engine-house. A speciality in Austrian asylums is the manufacture of bee-hives. At the institution near Buda-Pesth more than 200 are turned out each year, which realise about five shillings each. Every trade involves a considerable number of others, and in connection with this particular one of bee-hive making must be counted preparations of straw and bee-keeping, both of which industries are carried on in the asylum.

AN AUSTRIAN ASYLUM.

The Provincial Asylum for Lower Austria, situated at Vienna, is worthy of special selection as a well-conducted institution. No mechanical restraint is permitted, although the capacity for patients is 700, and the actual number resident is somewhat in excess, a sufficiently large population to render the existence of "exceptional cases" possible. There is one rather curious strong-room, which may almost be described as a canvas pen inside a room. It consists of a framework of wood and iron, thickly lined with strong canvas, which offers a soft and yielding surface inside, against which the patients can do themselves no injury. Outside the pen space is left for the attendants to walk, so that practically there are two rooms in one. The heating is effected from outside, while light is provided by a wire-protected gas-burner over the door. The most commendable feature of this asylum is the very large extent to which the principle of employment has been developed. Bee-keep-

ing is practised here as elsewhere in Austria, and lessons are given in it as an art in the school-rooms, with practical illustrations. The amount of income derived by the institution from the patients' labour is about 6,000 florins a year—a very conclusive proof of how much can be done in this direction. Carpentry, fretwork, and the manufacture of ornaments, baskets, brackets, writing-cases, and papier-mâché toys are extensively carried on. Much of the furniture for the establishment, such as tables, picture-frames, and chamber utensils, and all the ornaments, are made by the inmates. Lathes and mechanical appliances are provided in the shops, and many of the articles turned out by the lunatics are objects of such considerable artistic merit that they not only command a ready sale, but have won medals and prizes at several exhibitions. Designs for work are devised and drawn by some of the patients—a form of employment requiring no mean intellectual capacity. One of the superintendents in the lighter work department was formerly a patient in the asylum. In addition to the ordinary elementary training, lessons are given in music and painting.

A very large degree of liberty is allowed to the patients, some of them being permitted to leave the asylum for several hours a day, absolutely unattended, at the discretion of the director. The medical staff consists of the resident physician and eleven subordinates; the domestic staff of nineteen persons filling various capacities; and there are one hundred and sixty-four attendants. The chief ward attendants make daily reports to the medical staff, from which a diary is made, which in turn is summarised into a monthly report. In treating the patients great stress is laid upon the efficacy of making their stay in the asylum as little like compulsory detention and as much like home-life as is possible, to attain which end great personal liberty, congenial amusement and occupation, and gratification of any legitimate wish—such, for instance, as dining alone—are always readily conceded. The patients are divided into three classes, according to the degree of insanity from which they are suffering. The first class pay from 3*s.* 6*d.* to 4*s.* 6*d.* a day; the second class, 1*s.* 8*d.* to 2*s.*; the third, about 10*d.* per diem. Patients who come from Lower Austria never pay more than the second charge, the highest fee being only paid by foreigners. Prior to the admission of paying patients, which is managed by the director, a guarantee has to be lodged for the payment of the charges necessary. The Lower Austrian State Committee order the admis-

sion of the free patients, in whose case a proper certificate of poverty has to be presented. In all cases a certificate of insanity has to be given by a doctor qualified to practise in Austria, and if he has previously treated the patient for insanity, a complete history of the case must accompany the certificate, which must be seconded by another, signed by the authorities in the patient's place of domicile. Imperial and also Provincial inspection of the institution constantly takes place, while the medical superintendent is assisted in the work of general supervision by a managing committee.

ADMINISTRATION IN AUSTRIA.

Several of the private asylums in Austria are really admirable, and although there are no lunacy laws applicable to the whole Empire, the existing system of regulations applying to individual portions of it appears to produce satisfactory results. Possibly the certain amount of latitude thus afforded to medical superintendents has its advantages, and as their appointment is subject to the production of certificates of character, and of theoretical and practical knowledge of insanity, and also to continued evidence that they do really possess the special qualities required for their special work, the opportunities for malpractice are reduced to a minimum. In the event of any medical superintendent obviously proving incapable, he can be instantly dismissed by the Provincial Government, who are also bound to withdraw the licence and order the removal of the patients from any asylum where the organisation is found to be imperfect.

AMUSEMENT AND EMPLOYMENT.

In many English asylums the amusement room is a really fine hall, fitted with a stage for theatrical performances, and a grand-piano for concert purposes. Billiard-tables and bagatelle-boards are to be found in the majority of institutions, and regular entertainments given to, or by, the patients are common. But the value of employment, as opposed to amusement, is all the greater because of its financial saving or aid to the institution where it is extensively adopted, and also because of its moral effect in making the patients realise their power as producing creatures, superior in consequence to children and other invalids. In fact, once given the intelligence to appreciate that they are *men*, a stride has been made in their progress that is hardly capable of over-estimation.

THREE ENGLISH COUNTY ASYLUMS.

At the Durham County Asylum the capacity is for 1,202 patients, and the grounds are 339 acres in extent. There were 546 male patients actually resident in July 1889, and of these less than 200 work in the farm or garden. Some of the others—but relatively a small proportion—are employed in various trades, and in the laundry, kitchen, and offices. The female patients are somewhat fewer than the males, but still muster over 500, and for less than half of these is employment found. Out of the total number of 1,202 inmates the Lunacy Commissioners reported 631 to be employed in 1884, or 52 per cent.

Berry Wood, the county asylum for Northamptonshire, is a good type of modern English institutions for the insane. Built in 1876, it is still one of the newest in the country, and is well planned, well arranged, well furnished, and well conducted. Attached to it are 200 acres of ground, in which some of the patients are employed. The capacity of the institution is for 900 patients, and provision is made for the employment of about 50 per cent. of these: the clothing and boots and shoes are made on the premises, and there are shops for carpentry, plumbing, painting, upholstering, and various other trades, which are under the supervision of competent tradesmen, while other patients are employed in the laundry and in domestic work.

The Surrey County Asylum at Cane Hill gives the good return of 362 males employed and 451 females. This institution is also quite new, and promises to be a very excellent one. The day-rooms are well furnished, with bountiful means of amusement, and contain flowers and birds. The associated bedrooms have carpets, besides tables, chairs, washstands, and a kind of locker for clothes, one for each bed. The bedsteads are either of wood or iron, with lath bottoms and hair mattresses over straw, while some few are curtained. Each associated room has from four to six beds, and on the whole is comfortable. It is noticeable that the death-rate at this asylum has been rather high, amounting to about 14 per cent. per annum of the average daily number of resident patients. The Lunacy Commissioners reported that of 123 deaths occurring during the year ending the 1st of January 1886, seventy-

four cases were verified by *post mortem* examinations, and none appeared to have been caused by disease originating in any sanitary defect. The epileptic patients in 1889 amounted to nearly 12½ per cent. of the total number under treatment.

SOME BELGIAN ASYLUMS.

Belgium offers several curious anomalies in the condition of her lunatic asylums. What the standard of medical knowledge may be in Belgium it is perhaps hardly relevant to inquire, but one fact is evident, that many of the medical superintendents of Belgian asylums for the insane entertain notions which are consistent rather with the condition of science in the fifteenth century than with that happily obtaining in the nineteenth. Considerable difficulty has been experienced in collecting the information necessary for properly dealing with the large subject under consideration, and this has notably been true of Belgium. The members of the Government, though willing to do their utmost to induce the lesser adiles to furnish particulars of the departments over which they presided, were often unable to extract any replies to the questions asked, and in many other cases where such answers were elicited they were interesting chiefly as ingenious examples of how to reply to a question without answering it. With regard to the hospitals a greater amount of information has been amassed, but, for some unexplained reason, replies from the asylums have either been withheld altogether, or else are so framed as to be altogether impracticable. The main idea, however, of Belgian asylum management appears to be to make the life of the inmates in these institutions resemble as far as possible their life at home before they became insane. In theory nothing could be better than such an idea, but in practice it is not only difficult of execution, but liable to result in many grave objections. The "Home System" may be made to yield good results, but it is obvious that varying circumstances may induce varying conditions, and unless regulations are carefully framed and strictly enforced, lunatics treated on such a plan may easily fall into a state of neglect which might have a most disastrous termination.

Of Belgian asylums devoted to private or paying patients one of the best is the private institution for females at Ghent. It is managed and governed by the Sisters of Charity, to whom the property belongs; and credit is undoubtedly due to them for

the excellence of the asylum under their charge. The resident number of patients is about 90, and twenty-two of the sisters serve in the establishment without remuneration, each, however, being attended by a servant. Camisoles, straps and cuffs, baths, douches, restraint-chairs, and seclusion-rooms are all in use, mechanical restraint being somewhat largely adopted throughout the country. Nothing is said about the employment of patients, but for their amusement pianos and a general library are provided. All the rooms are well furnished, the degree of comfort varying, legitimately, according to the fees paid by the inmates. Being under the direction of a religious sisterhood, the religious element is very apparent, the decorations—in the opinion of Dr. Tucker, at least—being calculated to have a depressing effect. However this may be, the desire to render the asylum as homelike as possible seems to have been effected. A committee of local authorities are charged with the duties of visiting and supervising; and with efficient drainage and a plentiful water-supply, the asylum—except in the matter of restraints—is quite in accordance with modern ideas. Corresponding to this institution is the Ghent private asylum for males, also conducted by a religious community, and devoted to patients of the better class. Except for the fact that the male asylum is made up of a number of separate buildings of considerable dimensions which have grown up around the original central edifice, the description of the institution for females might apply to this case.

BELGIAN SYSTEM AND METHODS.

Occupation is insufficiently provided for, the billiard and reading-rooms, pianos and harmoniums, which constitute the means of amusement, being insufficient to engross the patients' attention. The payments vary from £40 to £280 per annum, the rooms for the different classes of patients being proportionately comfortable in furniture and arrangement. Strait-jackets, restraint-chairs, baths with covers, and appliances for otherwise restraining the patients, are all employed at the Ghent private asylum for men, forming the chief blot on an otherwise well-conducted institution. A padded cell in one corridor is lighted by a skylight of blue glass: there is a prevalent idea that blue light is beneficial to violent patients; and at the Female Asylum, Mons, there are some eighteen strong-rooms made into three apartments in accordance

with this system. At Mons some strong-rooms are red, despite the idea that, instead of tranquillising, red has an aggravating effect upon the patients' excitement. Why red, therefore, should be preserved in these strong-rooms passes comprehension. Besides the defect of excessive restraint prevailing in the male and female private asylums at Ghent, it may be added that the decidedly marked religious atmosphere is likely to be disadvantageous to the inmates of these institutions. Religion has always a powerful effect upon the insane, and its effect is most commonly not for good, while religious mania is probably the most hopeless form of insanity. Any form of living, therefore, approaching a monastic or clerical life is calculated to have a tendency to develop religious mania in patients mentally so disposed, and this tendency must be wrong. Upon others, whose disease assumes any other form, this religious atmosphere will probably have a depressing effect, which is equally to be guarded against in the case of patients whose treatment should in the first place be such as is likely to divert their minds from any but the most cheerful lines of thought. More occupation and amusement, less mechanical restraint, and a careful avoidance of any marked religious influence, are all that is needed to make these asylums really excellent institutions. At some institutions, such as St. Michael's Asylum at Bruges, and St. Julian's Institute in the same town—of which the former is a branch—the religious tone is so evident, and the formalities insisted upon so severe, that they are more like prisons or penitentiaries for the reformation of criminals than places for the proper treatment of the insane. It is strange that corporations so well meaning as these sisterhoods and fraternities undoubtedly are should be so blind as to render nugatory the efforts they make at so much self-sacrifice, by rigidly enforcing a dreary routine upon patients who are necessarily unable to appreciate the motives, or do anything but chafe under a system to which many of them have previously been wholly unaccustomed. Asylums assuredly ought to be conducted, not only upon non-sectarian lines, but with a large-minded tolerance which can discriminate properly between individual cases, and provide a mode of treatment suited to the requirements of each. It ought not to be vain to hope that this principle will meet with full recognition in Belgium before very long.

A NOTABLE AMERICAN EXPERIMENT.

As a parallel to the Belgian insane colony at Gheel, which is referred to fully in the chapter on Belgium, and to experiments made in England during the last thirty years, it will be opportune to notice one recently made in America, at the Eastern State Hospital for the Insane at Kankakee, fifty-six miles from Chicago, Illinois. This institution was founded with the special aim of determining by experimentation—

- (i) How moderate the expense of erecting suitable buildings for the insane can be made.
- (ii) Whether occupation which will be beneficial in every sense cannot be secured for a majority of the inmates.
- (iii) To what extent the rigour of confinement and restraint can be removed, and a natural and somewhat domestic mode of life be introduced among the patients.

The doctrine of experimentation upon patients for the sake of science is a dangerous one, no doubt, and has ever formed a convenient text upon which the enemies of charitable institutions may base their invectives. But as, after all, much of our medical knowledge is only empirical, it follows that, unless any scheme manifestly involves serious risk to the lives or welfare of the patients, experimentation in almost any direction is distinctly to be encouraged. The three special aims of the Kankakee Asylum just quoted were the outcome of an unexpressed dissatisfaction with the existing system of American insane hospitals which undeniably existed in the minds of many people. How this dissatisfaction arose does not much matter now, nor is it necessary to estimate how much it was really worth. But the sum and substance of the various charges brought against the several institutions may be found in the idea that in large asylums so great a proportion of the time and energies of the superintendent were absorbed in details of administration, that personal attention to the patients confided to his care became practically impossible. Here, at any rate, was a point deserving the fullest discussion and ventilation. If it is true that the lunatic is an invalid, whose condition demands constant individual treatment from a medical man, it stands to reason that a superintendent of an asylum, who is also the chief medical officer, cannot give a due amount of attention to both parts of his duties. He must either

be supported by a strong staff of medical assistants on the one hand, or of reliable agents on the other. It was just because this was not felt to be the case that the experiment of dual supremacy was made at Kankakee, contemplating a more complete separation between the medical and business control of the establishment.

THE PLAN EXPLAINED.

The following passage to explain the idea is taken from a pamphlet descriptive of this new departure, written by the Rev. Dr. F. H. Wines, of Springfield, Illinois, to whom we are greatly indebted in many ways:—"Not that it is designed to have two heads and a divided responsibility, nor is the officer in charge to be a non-medical man: but, in reality, whatever may be the amount of individual attention paid to certain patients by a medical superintendent, and however familiar he may be, not only with the general physical and mental condition of his patients, but with the capacity of his medical assistants and their treatment of individual cases, we think that it remains true that his time is, and must be, principally taken up with details of business and of administration, especially where the premises are extensive and the financial responsibility great. It may be conceded that attention to the surroundings of his patients constitutes a very important part of their treatment, through the removal of causes of irritation, without altering the fact that their friends do not at all understand the extent to which their personal care, medically and morally, is confided to subordinates. It would seem better for all parties that this should be clearly understood: that the superintendent, though a physician, capable of counselling with his assistants, and of directing the medical policy of the hospital, should appear to be what he is—a business manager; and that his first assistant should be known to be, in fact, the principal medical officer, notwithstanding his responsibility for his medical practice to his chief.

"By taking the business officers out of the hospital proper, by giving to the superintendent a private residence outside of the centre building, by placing the first assistant in the centre building in proximity to the patients, and freeing him from all connection with the business management, so that he can give his individual care to his patients, but, above all, by paying him an adequate salary, enabling the institution to command the very best medical talent, and notifying the public of the estimation in which he is held, this important end can be attained."

SOME EXISTING EVILS IN AMERICA.

“In the next place, this organisation contemplates a more permanent retention of the chronic insane in our State hospitals than has been usual in Illinois. In consequence of the increase in the total number of insane, owing partly to the growth of our population and partly to the difference between the death-rate of the insane and the rate of original occurrence of the disease, we have not been able to overtake the demand for additional provision for the insane. Every day witnesses more or fewer discharges from our hospitals of chronic insane patients, who are displaced to make room for others, and are returned to their families or to the country farms. The number of insane in the county Poor-houses is so great as to cause the most serious anxiety on the part of county officials. It is perfectly apparent that we can never hope to provide for all the insane of the State, unless it can be done more inexpensively than heretofore. The establishment of the hospital at Kankakee will, we trust, enable the State to make some decisive experiments to determine at what rate of expenditure it is possible, by simple modes of building and simple modes of life, to reduce the burden which insanity entails upon the commonwealth, without condemning the helpless victims to the wretched existence in solitary confinement, without entertainment, friends, or occupation, without personal care or proper medical treatment, which, as a rule, characterises the insane departments of our county Poor-houses.”

We are unable to see why chronic insane persons, who are a public charge, should be given private rooms, elegant furniture, and other costly surroundings, which the imbecile among them cannot appreciate, and which do not minister to a recovery which is hopeless, when plainer quarters will supply all their absolute needs and enable us to care successfully for a larger number. In an ordinary insane hospital one ward costs just as much as another, but it is not necessary that this should be so. At Kankakee it is not so. We advocate spending upon every insane person as much as humanity, good-sense, and the financial resources of the State require and justify, but no more; and to graduate the amount expended according to the needs of individual patients, which can be done far better by a proper system of detached wards than in any other way known to us. The State can and will make provision for all its chronic insane, and relieve the counties of this burden,

whenever the cost of construction and maintenance for this class is reduced to a minimum. If at Kankakee this minimum can have been ascertained, that hospital will have performed an invaluable service, not for the State of Illinois alone, but for all the States."

THE MAXIMUM OF LIBERTY.

"All that we claim is, that no man, sane or insane, should be deprived of any part of his liberty any farther than is required for his own good or the safety and comfort of others; and that the monotonous uniformity, both of architectural plan and of internal discipline, which characterises many, if not all, insane asylums in the United States, does tend to deprive men of their liberty, by compelling the application of prohibitions to the vast majority of patients which, with many, are useless, and with some, positively injurious. The remedy lies in the abandonment of the principle of uniformity, and this is what has been attempted at Kankakee. No doctrine has been laid down, in advance of actual experience, respecting the amount of freedom to be allowed to patients, and the number of patients who will tolerate a relaxed rule. These are questions for the future; experiment alone can furnish the answer. We do not pretend to say what proportion of patients are suited for a freer life in detached wards, nor what is the best form for such wards, nor how many of the wards will require no bars at the windows. That is what we are endeavouring to find out. But we do affirm that no man should be kept in a room behind iron bars against his will, when no bars are required in his individual case; and that no man, simply because he is insane, should be refused permission to go in and out at his own pleasure, when such permission involves no peril to himself or to those associated with him. If it is said that a superintendent cannot know whom to trust, we reply that it is his business to know, and that he can only ascertain this by trial. It is an accepted maxim, in the case of the insane, that 'the more you trust, the more you may'. One end sought in planning the Kankakee Hospital was to necessitate a more careful personal study of individuals, to ascertain their peculiar traits and dispositions, on the part of the physicians entrusted with their care. Without it success in the management of that institution will be impossible.

"A great advantage, which is confidently looked for as the result of this proposed change of organisation, is an increase in the

amount of useful labour performed by patients, which will be of benefit to themselves, and will, to some extent, be remunerative to the State. Nor is it believed that the discipline will be any more difficult to establish and maintain than in our present hospitals. It may require a different form of oversight, but insane patients are capable of being taught to conform to rule, otherwise they could not anywhere be controlled. One would naturally suppose that rules will be more easily enforced in proportion as they are less opposed to the free choice and preference of those who have to obey them."

So much sound common-sense breathes throughout this statement that it seems strange there should be the necessity to detail all these propositions as innovations. There is not one of them that might not have been written by Aretæus of Cappadocia, 1,800 years ago; and it is not a little humiliating to think we have got no further than—if indeed so far as—Cœlius Aurelianus, or his predecessor, Soranus, in the early years of our era.

A DESCRIPTION OF KANKAKEE.

Graduation of restraint and abandonment of uniformity are therefore the two great objects aimed at in the establishment of Kankakee, and two better objects could hardly be named. How far they may be effected by the means adopted is more liable to criticism. The centre building consists of the hospital proper, affording accommodation for a limited number of officers, and one wing for patients of each sex; these wings are divided into sections, a ward occupying each floor of each section, providing altogether twelve wards equally divided between male and female patients. To the rear of this centre building are the bakery, laundry, etc., all built after existing models. At right angles to the wings of the hospital two broad parallel avenues run, bordered by walks and shaded with trees. These avenues represent village streets, and are to be lined not by cottages properly so called, but by wholly detached wards, unconnected by corridors as in England, and intended to be the permanent homes of the chronic insane. These detached wards contain large associated dormitories with accommodation for twenty-five or thirty patients, and a proper complement of attendants, an arrangement which renders the cost of such buildings much less than that of ordinary cottages. A third row of wards terminates the western extremity of the avenues, while

stores, coal-houses, etc., complete the institution, which is connected by railway with the Illinois Central Railroad.

There is no necessity to attempt to deal with the various problems that appear in connection with a scheme of this kind ; briefly put, they comprise difficulties of supervision, of food supply, prevention of escapes, and prevention of improper communication between the sexes. These are all satisfactorily dealt with—on paper—and the provisions made and suggested seem perfectly feasible. In fact, at Kankakee the system is being carried out that ought to obtain at Gheel, and goes far to prove that had stringent regulations been originally laid down at Gheel, and modified in accordance with the successive developments of mental progress, a great work might now have been seen in execution in Belgium with reference to the proper treatment of the chronic insane. As it is, thorough remodelling of the lunatic colony at Gheel is impracticable, and probably the best thing that could be done would be to make a complete sweep of the place, and boldly adopt the plan pursued at Kankakee. The total insane population intended to be received at Kankakee is 1,500, only about 500 less than that of Gheel, while the area over which they are spread is very much more compressed, rendering supervision and medical treatment possible, which certainly cannot be the case in a commune measuring some eleven miles by eight. A fuller consideration of the various points here raised will be found in the chapter on Belgium.

Altogether the Eastern State Asylum at Illinois is an experiment which deserves very warm commendation, although it remains to be seen how far the new problems it creates may be successfully solved in course of time. Still, in a well-organised establishment, where patients and attendants are all thoroughly in hand, and where a capable superintendent has the means and leisure to carry out his ideas, modifications will no doubt gradually be made which will ensure the success of the scheme.

ITALIAN ASYLUMS AND SYSTEM.

The Italians appear to entertain a somewhat higher opinion of their asylums than might seem to be justified on reading the various accounts of them as furnished by wholly impartial eye-witnesses. Dr. Billod says much emulation is kept up between the Italian asylums for improving the condition of lunatics, and that he saw that this was so during his tour of inspection. While we freely accept this statement in its entirety, we cannot

avoid a feeling of surprise that such emulation has not led to better results in a country where so much has been done to further the progress of medicine and medical science. Thus, although a fair amount of occupation is provided for the lunatics, there is nevertheless an excessive use of restraint, thus controverting the theory that restraint and employment usually go in inverse ratio to one another.

It is greatly to be regretted that Dr. Billod, who goes into very minute details on some points, should not have been equally precise upon others. Taken altogether, his book, *Des Aliénés en Italie*, is so optimistic that it seems a not altogether unfair supposition that the less pleasant features in Italian lunatic asylums have intentionally been left unmentioned. Thus, in his description of the St. Lazare Asylum at Reggio, which he declares still occupies the first place among its kindred institutions, we find a long account of the natural beauties of the situation, and a fairly intelligible description of the arrangement of the rooms, interspersed with such observations as, "On the table in this room is an album in which visitors are invited to sign their names"—a practice hardly peculiar to Italian lunatic asylums. There are some interesting remarks about the craniological museum, and also about the library; but it is vexatious to find careful particulars about the number of volumes referring to various classes of literature occupying space that might have been so much more profitably filled.

We are told, again, that the office of the administrative department is a large hall "furnished with severe elegance", and that the recreation-room is "furnished with elegant simplicity", but of the patients' wards no description whatever is given. "After having visited some remarkable workshops in which more than 200 women are employed in spinning, weaving, and making up articles of clothing and linen, and which are called by the names of Gualandi and Palmerini, we come to the wards of the male and female excited patients, which bear the names of Linginti and Ferrari." Once more a disappointment awaits us, for of the female wards no description is given, and of the male wards Dr. Billod merely says: "Not far from here is seen the casino Guislain, now set apart for excited male patients, which we are exempted from visiting owing to its provisional nature." Checks of this kind are to be met with throughout the book, and produce a feeling almost of irritation that in a work containing so much description of

hospitals for the insane in Italy, so vague an idea should be given of their actual condition. In another hall, Dr. Billod says, is "a museum of antiquities, where a collection may be seen of engines formerly in use in asylums for the restraint of the insane, before the precepts of science and love of humanity had gained the ascendancy over brutality. Hanging to the walls may be seen large iron rings for fastening the hands and feet, and which were closed with enormous padlocks; very stiff leather gorgets for the insane who gnaw their clothes; so-called head-dresses of silence for noisy patients; restraint-chairs with one, two, three, and four seats, to which a corresponding number of patients were kept fastened all day, etc. This gloomy collection is preserved in the asylum to perpetuate the memory of the treatment to which the insane were formerly subjected before Pinel in France and Chiarugi in Italy established in their respective countries the great reform which had for its object, according to Esquirol's beautiful and just expression, . . . the elevation of 'the insane to the dignity of invalids' and the treatment of them as such; a reform to which Ferrus was to set the seal by the inauguration of voluntary labour in establishments for the insane."

MECHANICAL RESTRAINTS USED IN ITALY.

Of the mechanical restraints still in use Dr. Billod says never a word; but, as a matter of fact, the Italian institutions are worse than those of nearly every other country in this respect. Camisoles, muffs, restraint-chairs, wrist-straps, leather mittens, cage-beds, iron gratings to which the patients are strapped in a standing position, gaiters, leather anklets, hobbles—all these are in constant use; while other appliances comprise a kind of combination garment consisting of trousers and waistcoat in one, lacing up the back, with the elbows secured to the waist, and in some cases ankle-straps made of the same material. At the Fleurent Private Asylum, Cappidichino, near Naples, there is a couch to which patients are strapped, and then lowered bodily, by means of a crank, into a bath two feet below, where they are kept for a period ordered by the doctor. The same theory of coloured light noticed as prevalent in Belgium is also met with in Italy, the seclusion-rooms in several asylums being provided with windows of red or blue glass for the sake of some supposed benefit to the unfortunate occupants. Yet a meal

of specially nutritive food will do a hundred times more good for a maniacal patient than all the blue glass in the world.

At the Sicily Lunatic Asylum, Palermo, a visitor found one patient "with a few loose clothes about his loins, lying on some straw scattered on the stone floor. The room is one of a set of cells having strong iron-barred gates inside the outer door, and which, having no windows, are made perfectly dark by the closing of the outer door. The man above-mentioned was stated to be never allowed out of his cell. When it has to be cleaned out, it requires ten men to perform the operation. There were four other patients similarly confined. Some of these cells have a bed in one corner. Eight criminal patients were in this quarter in confinement, and about twenty non-criminal but violent patients. Some of the patients were nearly naked. The criminal and homicidal patients are perpetually confined to their cells, and treated as prisoners. In a conspicuous position on one of the walls of the house, and in view of the patients, long chains and hand-cuffs are suspended. These, the visitor learnt, were in use previous to the present director taking charge."

Such a state of things as that above described—and fuller details may be found in "*Lunacy in Many Lands*"—is nothing short of atrocious, and even Dr. Billod cannot be enthusiastic on the subject, but admits that the present condition of the institution is not enviable. It is seriously intended, he says, to make some great improvements, but they are still but projects whose realisation is only "eventual". Later on he adds that probably a new asylum will be built for the treatment of the insane, in accordance with the rules and precepts of modern science. From which we may infer his real opinion of this truly horrible place. Bad as this all is, however, it is surpassed in the St. Clemente Provincial Female Asylum, Venice. We quote the following further passage from the same book, not from any morbid love of painful details, but to reveal the condition of an actually existing lunatic asylum, eighteen hundred and ninety years after Christ, as described by one who has inspected it within the last few years. This account may also tend to show what is the intrinsic worth of this emulation among lunatic asylums in Italy "for the improving of the condition" of the insane which Dr. Billod found in such active operation. Some explanation and guarantee of amendment are certainly due to the cause of civilisation, to say nothing of the claims of Christianity.

ST. CLEMENTE PROVINCIAL FEMALE ASYLUM, VENICE.

"There is a great deal of restraint and coercion of one kind or another in this institution. In one corridor there were thirty-two patients in restraint-chairs, some with straps round the waist and hobbles at the ankles, some with their hands fastened behind their backs, and some with camisoles. Under each chair was a nightstool. The stench was very bad. None of these patients had shoes or stockings on, and their feet were blue with cold. I was told that in fine weather, when they were allowed to go into the yards, shoes and stockings were supplied to them.

"In the rooms for the troublesome patients several women were strapped in bed with strait-waistcoats on. No attendants sleep in the rooms, but there are night-nurses who are on duty for six hours at a time, two nights on and three nights off. A sister and a servant go round to see that the night-nurses do their duty. There are no tell-tale clocks or telephonic communication.

"In a day-room at the end of the corridor a perfect pandemonium existed. Fifty women were fastened in various ways—straps, jackets, hobbles, etc.—their feet being blue with cold. In no institution had I heard more noise and uproar, but here the crying and howling were dreadful. Servants were feeding the patients, as they sat or stood, with wooden spoons. The room contained eighty patients in all, attended by seven servants. Round the room were fixed forms with railed backs. The closet adjoining was similar to others I have already described in this institution. [Large rooms with cement floors, in the middle of which there are holes. They are disgusting places.] Altogether this room presented a most wretched spectacle.

"In an adjacent associated room there were eighty beds, with seven patients fastened in bed. They looked clean. Opening off this room are fourteen strong-rooms, having two beds in each, with portable boards between, over the mosaic floor, in lieu of carpets. The windows are high up, the lower half glazed, and the upper fitted with a sliding shutter worked by means of a rope to regulate the light. Some patients were fastened in beds and some in restraint-chairs, beds and chairs being fixed to the floor. I was shown a patient who had been five years in one of these rooms, and had been an inmate of the asylum for six years. Another woman had been so confined for a longer period, but had been out for a short time last year. These patients were without occupation

or amusement. There were other sets of seclusion-rooms with patients similarly secured. The rooms, as a rule, were clean. In the dining-room of the first floor twenty patients were fastened to the walls as already described. The food was being served out on a low table, from a cauldron. Servants were feeding the patients under restraint. There was the greatest possible noise and discord in the place. In all I counted some 213 patients under restraint." [The capacity of the institution is for 800 patients, but at the date of this visit the actual number resident was 1,000.] "The place, on the whole, was clean, and the patients fairly dressed, but very noisy, though not aggressive. I never heard more noise in any asylum. The occupation of the patients was not ignored, but more might be found for them, as well as amusement of one kind or another. I noticed in the laundry several leather-covered fetters hanging up, and I was informed that if a patient refused to work these were applied for fastening her to the tub-stand."

Of course the foregoing description contains the statements of one visitor only, and that visitor, Dr. Tucker, may have over-coloured the facts. Assuming matters to be as stated, however, the pen of a Swift and the pencil of a Cruikshank would be needed to properly describe so iniquitous a place. The superior direction and administration is vested in an Administrative Council, composed of delegates of the Venetian provinces which have contributed to the expense and which send some part of their insane to the asylum. These provinces are Venice, Padua, Vicenza, Verona, Treviso, and Belluna. Attached to the council are two members of the supervising junta. The present medical superintendent is stated by Dr. Billod to have taken a distinguished place among Italian mad-doctors, and to have published several important works relating to insanity. This being so, and the Administrative Council being presumably inspired by the same spirit of emulation that is said to prevail elsewhere in Italy, it becomes altogether unintelligible why the St. Clemente Asylum at Venice has not been radically reformed, or improved off the face of the earth. The sooner one or the other of these alternatives occurs, the better for everybody concerned.

PELLAGRA AND INSANITY.

It may not be inopportune here to make mention of Pellagra, which is the cause of so much insanity in Italy. It may be explained as a form of Italian leprosy. "It is a severe constitutional

or blood disease, in which a morbid condition of the skin is a prominent symptom. It is called *Mal del Sole*, from its being ascribed to the heat of the sun's rays. The term is commonly derived from *pellis-agria*, or wild skin, but the old Italian name for it was Pellarelia. It is also popularly called *Mallatia di miseria*." Dr. Adriani, chief doctor at Perouse, thus describes it: "The poverty of the agricultural labourer is the chief cause of Pellagra. Misery and want are the producers of it. It is due to two causes: (i) The adulterated and blood-exciting unwholesome maize (on which the Italian peasant chiefly lives) is the exterior agent of the organism which constitutes the exciting cause of the disease, and to which it owes its origin and classification, and without which any other condition is impossible to produce the disease. (ii) The diminution of vitality helps to generate the disease, though without the adulterated grain the disease cannot be originated in its subject. It is proved to be hereditary, and thus insanity is propagated, as in all bad cases of Pellagra it is the usual end." In all districts, therefore, and especially in the eighteen provinces of Bergamo, where this grain is in common use as food for all classes, Pellagra is the curse of the land. In the asylum at Bergamo, the proportion of patients suffering from this disease was three-fifths of the entire population of the establishment, and in 1879 a third of the whole population of Italy was affected by it. Where insanity can be traced to so tangible a cause as a staple article of food, and where it is not so much attributed to abstract causes, it should surely be easier to apply some purely medical treatment. If it is not possible to combat the organism which is the exciting cause of the disease by removing the staple food of the population, or by some other mode of operation, it would still be incumbent upon all asylum medical superintendents to lessen the ravages of the malady by striving to increase the vitality of its victims by generous diet, plenty of physical exercise, and sufficient provisions for occupation and amusement. Whether the existing condition of Italian lunatic asylums is capable of providing such remedial measures may be a moot point. That at present they do not do so there can be no manner of doubt.

ASYLUMS IN TURKEY.

We have already on page 73 given a general account of the present condition of affairs in Turkey. The following further detail may, however, prove interesting. The "Top-tash" Asylum

at Scutari contained a total insane population, from 1884 to 1885, of 954. Of these 262 were cured, 131 died, and 561 remained at the end of the year. This excessive mortality is attributed by the medical superintendent to overcrowding and want of space in the asylum. The proportion of persons regarded as lunatics to the entire population is lower in Turkey than in Europe, and therefore this overpressure on the space is even less justifiable there than elsewhere. [In America (U.S.) no insanity, or almost none, was reported as occurring among the slaves before the abolition of slavery. That is, they were not dealt with as insane. Now the statistics are very different.] The superintendent further declares that the number of insane persons amongst the Mohammedan element is smaller than that amongst the Christian element. The Mussulman lunatics in this asylum represented a total number of 774 in the year 1884-5, whilst the Christians, numbering 150, only represented a fraction. He attributes the greater absence of insanity among Mohammedans to their characteristic patience and resignation, which is an outcome of their firm belief in Fatalism, but it is much more likely to be due to their greater sobriety. But, however all this may be, the fact remains that in Turkey the proportionate number of lunatics is satisfactorily low, and there ought to be comparatively little difficulty in making adequate provision for them all. For overpressure to be allowed to become so serious as to produce an abnormally heavy death-rate is an infamous state of things, and on the barbarous archaisms of chains and all implied by them it is needless to dilate any further.

RUSSIAN LUNATIC ASYLUMS.

Much more satisfactory are the Russian lunatic asylums. Restraints are almost entirely confined to camisoles, the rooms, if plainly are sufficiently furnished, the kitchens and appliances for cooking the food—which is regulated by a dietary scale—are well ordered, and the establishments are generally clean and neat. The great defect lies in the insufficiency of occupation and amusement, but a good deal is already being done in this direction. At the Moscow Government Asylum 20 per cent. of the male and 10 per cent. of the female patients are usefully employed, all the clothes for the inmates being made by them, besides a considerable quantity for sale. At the St. Nicholas Public Hospital, St. Petersburg, carpet-making is also performed by the patients; and picture-frame making,

various trades, and a very limited amount of outdoor work in the gardens, are all practised in several institutions. Still a great development has yet to be made, and no doubt will be made when it is more fully realised that occupation of patients under competent supervision by skilled workmen is not only invaluable as a remedial measure, but profitable to the institutions themselves. The St. Nicholas Hospital is fairly typical of such Russian establishments, and it is noteworthy that great importance is attached to the moral treatment of the insane. Where this is the case good results may be confidently expected, and excessive restraint, with its attendant cruelties, will speedily vanish away. Only camisoles and isolation in strong-rooms are permitted here; the strong-rooms are very ingenious. Instead of being padded in the usual manner, they are lined from floor to ceiling with carefully selected pine boards, three inches wide, perfectly planed and jointed, and thickly painted with white enamel. These planks are six inches from the actual wall of the room, and are kept so by strong spiral springs, thus offering no resistance to the patients, but yielding easily under pressure. The floor, like the walls, is thickly painted with white enamel, the whole place thus being easy to clean and unable to harbour any unpleasantness or dirt. There are eighty attendants altogether, of both sexes, for a maximum number of 350 patients, which is a very high proportion. Their salaries range from £1 8s. to £1 14s. for the males, and from £1 3s. to £1 8s. for the females, both *per mensem*. Six medical assistants help the medical superintendent, and the staff appears to be thoroughly competent to do good work. The *per capita* cost per week is 15s., which sum includes everything, even building repairs.

GENERAL SUMMARY.

In contrasting the present condition of lunatic asylums throughout the world we have thus far contented ourselves with giving an outline of what actually takes place in existing asylums to-day. No one can deny that there has been a distinct movement in favour of reform during the last twenty years, which has made its influence felt all over the globe. Indeed, the material improvement in all that relates to the treatment of lunatics is remarkable, and must be cordially recognised. We cannot forget that some fifty years ago, in nearly every country, the greatest abuses existed; and evidence is almost everywhere forthcoming of the cruelties which

had prevailed during the previous centuries. It will be seen that now the average degree of merit in existing asylums varies in proportion to the degree of enlightenment which has characterised the system of dealing with lunatics in various countries. Formerly France and England held almost a monopoly in the matter of progress. From these countries most European nations took their systems; and the French Law of 1838 still forms the basis of the laws which govern the treatment of lunatics in neighbouring countries. So far as we are able to judge from the evidence we have collected, it would appear that at the present time Austria has advanced much more rapidly than either France or Germany. Speaking generally, it will be observed that if the employment of lunatics, and a tender regard for their welfare and advancement, be taken as tests, then British and Austrian asylums are in advance of all others.

The prevailing faults of to-day may be briefly stated to be: In England an absence of accommodation in public asylums at moderate rates for lower middle-class patients. Such patients ought never to be sent to private asylums, and several new public asylums are urgently required for their reception and treatment. In America, overcrowding and inadequate accommodation, especially in regard to lunatics who are at present confined in poor-houses. Cruelty, neglect, and excessive restraint still prevail to a considerable extent in Italy and Portugal. It is not surprising to find that indifference and ignorance are markedly present in Africa. Religious fanaticism seems to make the lot of the lunatic anything but enviable in Belgium, whilst in the more northern countries—Denmark, Sweden, Norway, and Russia—too little consideration is paid to the importance of amusement; although in Russia much more attention is beginning to be given to the provision of suitable employment for those able to undertake it. In some foreign asylums especially the diet-table is frequently inadequate, and might be materially altered in the interests of the insane and the population generally.

It is, however, no small matter that a careful investigation like that we have been engaged upon should have convinced us that the old bad ways are everywhere giving place to more intelligent and kinder systems. The lot of a pauper lunatic consigned to a county asylum in England to-day is far more enviable than that of a pauper living at the workhouse. Indeed, some superintendents believe that there is a growing tendency amongst paupers and their

friends to feign mental aberration, in order to gain admission to the county asylums. Be this as it may, there can be no question that the devoted men who comprise the medical staff of British public asylums have done much, and are doing much, to make the lot of the lunatic as pleasant as possible, and to secure that nothing shall be left undone which can in any way help these unfortunates to recover their reason and their liberty. Where all hope of recovery is gone every effort is made by employment, by amusement, by discipline, by pleasant and healthy surroundings, and by innumerable other methods, to provide the maximum of comfort at a minimum cost. That there is still room for improvement in various directions in the best administered asylums no experienced person will deny. Still, when all has been said which can be said in criticism of the best administered public asylums, there can be little doubt that the most carping critic must admit that, as a whole, they fulfil a most useful purpose in an admirable way.

We have purposely confined our remarks to public asylums, because we are afraid that the condition of many private asylums in many places, and most countries, leaves much to be desired. Where personal greed has any place, there abuses are sure to be found, because the first consideration must be, and no doubt often is, the owner's pocket rather than the best interests of the insane committed to his care. There can be no doubt that, however well intentioned, it was nevertheless a great mistake on the part of the British Parliament to leave the private asylums in England, and not to provide for their gradual extinction. Indeed, the clause which enacts that no new private asylum shall be built is one well calculated to produce fresh evils, by perpetuating the existing institutions of a private nature. With or without compensation, some steps should be taken to close all private asylums (except, perhaps, those where really high rates of board are paid), and to insist that no insane person shall be confined in any place, unless it be under the management of some public body, where all personal interests and private considerations are necessarily absent from its system. It is impossible to avoid saying this much when taking a general survey of the asylum-system as it exists at the present time. Whilst we are quite ready to admit that many private asylums are admirably conducted, we have still reason to fear others contain abuses which are not only opposed to the best interests of the insane, but which are at the same time anything but creditable to our day and generation.



CHAPTER VI.

GREAT BRITAIN AND IRELAND.

ENGLAND.



HE last published Report of the Commissioners in Lunacy shows that on the 1st January 1890, the insane population of England and Wales was distributed as follows:—

In County and Borough Asylums	.	.	52,937
In Registered Hospitals	.	.	3,611
In Licensed Houses	.	.	4,547
In Naval and Military Hospitals and Royal India Asylum	.	.	270
In Criminal Lunatic Asylums	.	.	620
In Ordinary Workhouses	.	.	12,126
In Metropolitan District Asylums	.	.	5,699
Private single patients	.	.	446
Out-door paupers	.	.	5,811
Total	.	.	86,067

Of this total number of patients registered as insane, not fewer than 77,257 were paupers, the remainder being private patients and criminals.

COUNTY AND BOROUGH ASYLUMS.

It will be seen that more than half the insane population of the country is already accommodated in these institutions. There is also great demand for further accommodation of this nature. Several new asylums are being constructed, and many of the existing ones

are in process of being enlarged. A number of pauper patients who are at present retained in the lunatic and other wards of ordinary workhouses, or who are kept in private asylums at high rates of payment, will gradually be transferred to the County and Borough Asylums as the necessary accommodation becomes available.

All County and Borough Asylums serve a double purpose; they are firstly hospitals for the treatment of acute cases, and secondly homes for the care of chronic patients. Inasmuch as the chronic cases far outnumber the acute, there is at first glance some danger of the hospital functions of these institutions being lost sight of. It has often been urged that our pauper asylums should consist of two distinct classes, namely: hospitals for acute disease, and infirmaries for the incurable. This system, which is partially carried out in Germany and France, may have something in its favour, but assuredly there are very strong arguments against it, and our county and borough magistrates have never been so convinced of its value as to adopt it; nor have medical superintendents of experience yet looked on it as a practicable proposal. The chief reasons against the adoption of the system are, that excepting the Metropolitan Districts, and Yorkshire and Lancashire, there are no counties sufficiently populous to support a separate acute asylum; and that if such a place were in existence, the curable cases would either have to be sent first to the County Asylum, the superintendent then deciding whether they were fit cases for the hospital; or the medical officer certifying would have this duty laid on him—a duty which he would not be over-anxious to discharge.

The first objection might be met by advising several counties to combine for the purpose of building an Acute Hospital. The preliminary difficulties to this solution of the question would be all but insuperable, and were it carried out it would necessitate the removal of an acute maniac from, say, Cornwall to Somerset, a journey which would hardly tend to promote speedy recovery. Very often it would be found that the "curable case" was a general paralytic, and immediate transfer to the County Asylum would be the result. Or a case of melancholia, with stupor, would pardonably be mistaken for dementia, and would thus be sent to the County Asylum, necessitating removal to the hospital. It cannot be doubted that such instances would be frequent, nor could any blame reasonably be attached to the certifying medical man. He

sees the patient once only, on the order of the relieving officer, and has neither time nor opportunity to study it. His duty is merely to examine the patient and decide on his mental state. It is no part of his duty to say whether the case before him is, or is not, curable. The proposal, therefore, that hospitals for acute cases of insanity should be provided in every county must be given up as impracticable in almost every county, and where practicable its desirableness needs proof. "An acute hospital possesses no advantage over the acute ward in this asylum," said the medical superintendent of one of the largest asylums in England, to the present writer; who added that the acute hospital would have a great many disadvantages: among others would be the following. The duration of the acute symptoms is very variable, and on its termination there is another variable period between the cessation of the acute symptoms and convalescence. What is to be done with the patient in this stage? Is he to be compelled to associate with the acute cases, or is he to be transferred to the County Asylum? or is a separate ward to be provided for him in the hospital? It is possible that in a hospital for acute cases only, each patient *might* receive (it is not stated he *would* receive) more individual attention than in the large wards of an ordinary asylum, where forty or fifty patients are under the care of five or six nurses. But it must be remembered that of the forty or fifty patients, not more than two or three are acute cases, such as require the constant attention spoken of. The writer believes that in the best-managed asylums, under the present system, these patients obtain all the care, treatment, and attention they require; and this belief would seem to be justified by the fact that the enormous majority of the acute cases recover. Excluding the paralytics, epileptics, idiots, and cases of organic dementia, the proportion of the cases not recovering is very small; and it should be remembered, too, that many cases are admitted in a state of exhaustion.

To complain that asylum medical officers do not cure all their acute cases is just as unreasonable as it would be to charge the medical officers of fever hospitals with carelessness because a certain percentage of their patients invariably die.

Of course, much will depend upon the medical superintendent of the asylum, but just as much would depend on the medical superintendent of the acute hospital. Further, in many acute cases it is an undoubted advantage for the patients to mix with those who have settled down and made themselves at home in the

asylum. This tends to calm the fears and apprehensions of the new-comer.

It is also advantageous to have only two or three acute cases in each ward, and except in the very largest asylums the number rarely exceeds two or three. In the smaller asylums it frequently happens that there will not be an acute case admitted for many weeks at a time. In contrast to this quietude, imagine the state of things in an acute hospital, where all the acute maniacs and melancholics of the district were collected, and where it has been well said no order could be maintained. It is surely pleasanter to see chronic patients helping the nurses to soothe those whose minds are more distressed, or excited, than their own. It might be urged that this system of mixing the cases is not quite so pleasant for the quiet and chronic cases. The trials arising out of it which these patients are called upon to bear are, however, very slight in well-managed asylums, and the exercise of sympathy and forbearance, as also the diversion of their attention from themselves, may often be highly beneficial to them. It is hardly necessary to say that every appliance desired by the medical officers for use in the treatment of insanity should be liberally provided. The question of cost must always carry considerable weight, especially where public money is concerned, and justly so, for it would be manifestly illegal to fit up expensive hospitals merely for the purpose of trying an experiment which the best judges would tell us would be unlikely to result in the recovery of an addition of one per cent.

Should any change be called for in the present system, it would certainly be found cheaper, more convenient, and more likely to result in success, to have a very small ward on each side of the existing asylums set apart for the treatment of acute cases. In asylums of medium size, three beds on each side of the house would be ample; for it is extremely rare to find six acute cases under treatment at once, and it would now and then happen that the ward would be untenanted.

PRIVATE PATIENTS IN PAUPER ASYLUMS.

Where the accommodation provided in pauper asylums is in excess of their requirements, the Act allows the reception of private patients, and the rate charged is generally low—low, that is, compared to that of private asylums. It will be found to vary from 10s. a week to 21s. Not unfrequently it is the same rate as that

charged to non-contributing districts, namely, 14*s.* a week. No county or borough asylum can receive private patients until an advertisement has appeared in the newspaper that it is the intention of the committee to admit such cases.

The Commissioners' Report for 1890 shows that there were 936 private patients in the county and borough asylums of England and Wales. The accommodation thus provided is a great boon to the lower middle-class and to some of the more provident among the working class ; and it is a matter of some wonder that so many of our public asylums have no spare room to devote to such cases, as it would certainly prevent many being sent in as paupers.

REGISTERED HOSPITALS.

At the commencement of the year these institutions contained 3,408 private patients and 202 pauper patients. The pauper patients are paid for by the guardians of the Unions to which they are chargeable. They are only received systematically at two of the registered hospitals, namely, at the Royal Albert Asylum for Idiots at Lancaster, and the York Lunatic Hospital. The paupers would probably be removed from the latter of these asylums if a sufficient number of private patients was forthcoming, or if the funds of the institution admitted of the gratuitous maintenance of a similar number of cases as private patients.

The registered hospitals in England and Wales are twenty in number, and a list of them will be found in the Appendix to this volume. They are all of the nature of benevolent or charitable institutions, or at least they should be ; but not a few are being altered, or have been already altered, into private asylums.

These hospitals are registered by the Commissioners in Lunacy, and do not require a licence. A hospital is thus defined by the interpretation clause of the 53 Vict., c. 5, s. 341 : " Any hospital or part of a hospital or other house or institution (not being an asylum) wherein lunatics are received and supported wholly or partly by voluntary contributions, or by any charitable bequest or gift, or by applying the excess of payments of sane patients for or towards the support, provision, or benefit of other patients." This definition indicates very well the sources of income of these institutions ; many of them are possessed of considerable endowments, their property consisting both of land and invested funds.

Previous to the enactment of 1815, enabling magistrates to

erect and maintain asylums out of the county rates, the lunatic hospitals were the only charitable foundations for the insane in this country. There were at that time nine such institutions. These charities are, or should be, of great value to the middle-classes and those just above pauperism, but the accommodation they provide is not nearly sufficient to meet the demand. As these asylums are not ostensibly kept for profit, the friends of many wealthy patients prefer them to private asylums. Indeed, there is some danger, as has been elsewhere stated in this work, that several of these hospitals, by providing luxurious accommodation for well-to-do patients, are excluding the very classes of patients for whom they were originally intended. All these institutions are governed by Committees or Boards of Managers selected from the contributors. The rules for the management of each hospital are sanctioned by the Home Secretary on the recommendation of the Commissioners in Lunacy ; and these hospitals are under almost the same laws as the licensed houses. It is very desirable that the kind of provision which is, or ought to be, made in registered hospitals for those of the insane who are unable to afford the expense of private asylums, but who are yet above the ranks of pauperism, should be greatly extended. It is unfortunately true that most of these hospitals are either unable or unwilling to admit the lower middle-class on small payments, and it is a very pressing question how best to relieve this class. In these days, when limited liability companies are started for every conceivable object, it is strange that no speculators have yet combined to build a middle-class asylum. Such an asylum for 400 beds might be built for £50,000, excluding the cost of land and furniture, and it could scarcely fail to return 10 per cent. per annum to the investors. We may add, in anticipation of criticism, that this estimate of cost is a final one, and we are prepared to design an asylum in every way suited for its purposes, for 400 beds, for £50,000. Since the coming into force of the New Lunacy Act, some difficulty would be experienced in obtaining a licence for such an asylum ; but it would scarcely be insurmountable. The only registered hospitals which have come into existence of late years are : The Earlswood Asylum for Idiots at Redhill, opened 1853 ; the Royal Albert Asylum for Idiots, at Lancaster, opened 1869 ; and the Holloway Sanatorium for Lunatics at Virginia Water, opened 1885.

Legislation is urgently needed which shall lead to the provision of proper accommodation for idiots of the pauper class. The great

charities now devoted to this work would then be enabled to give their help more exclusively to the lower middle-class and upper artisan class. So long, however, as the charitably disposed do the work of the legally constituted authorities, so long will the idiot asylums be things of the future.

The Report of the Northampton County Asylum for 1888 shows that a block has been erected for fifty idiot children, and the Report for 1889 states that the experiment has been perfectly successful. What has been done at Northampton might be done, and ought to be done, in other counties.

LICENSED HOUSES.

On the first of January 1890, there were 4,547 patients under treatment in private asylums in England and Wales, distributed as under :—

	Private.	Pauper.	Criminal.	Total
Metropolitan licensed houses	1,641	927	...	2,568
Provincial licensed houses	1,394	582	3	1,979

The paupers are paid for by their parishes or unions at rates varying from 14*s.* to 19*s.* 2*d.* a week, and are, as a rule, far less satisfactorily cared for than is usual in county or borough asylums.

Under metropolitan licensed houses are included all private asylums in the metropolis and within a certain defined area in its neighbourhood. All such houses are under the immediate jurisdiction of the Commissioners in Lunacy, and are licensed by them, the licences being renewed annually. These licences may be granted, renewed, or withheld in the absolute discretion of the Commissioners. It has been the practice of this body for more than twenty years not to grant fresh licences within the metropolitan area except under very exceptional circumstances, but they renew existing licences subject to the carrying out of all such regulations and requirements as they may consider necessary for the welfare of the patients. Provincial licensed houses are licensed annually by the local magistrates in Quarter Sessions ; but before renewing or transferring any licence they are required to obtain and consider a report of the Commissioners upon the house proposed to be licensed. All licences may be revoked by the Lord Chancellor, whether they may have been granted by the Commissioners in Lunacy or by the magistrates in Quarter Sessions. Both the metropolitan and provincial licensed houses are subject to frequent visits and inspections by the Commissioners in Lunacy. The provincial licensed houses

are also visited six times a year by the visiting justices and a visiting physician appointed at Quarter Sessions.

The management of many private asylums is admirable, leaving little to be desired. Some others are open to objection on many points, but it is certain that the gross abuses of forty years ago no longer exist. A Select Committee of the House of Commons reported, in 1877, that: "Although the present system was not free from risks, which might be lessened, though not wholly removed, by amendments in the existing law and practice, yet assuming that the strongest cases against the present system were brought before them, allegations of *mala fides*, or serious abuses, were not substantiated. . . . The committee cannot avoid observing here that the jealousy with which the treatment of lunatics is watched at the present day, and the comparatively trifling nature of the abuses alleged, present a remarkable contrast to the horrible cruelty with which asylums were too frequently conducted less than half a century ago, to the apathy with which the exposure of such atrocities by successive committees of this House was received, both by Parliament and the country, and to the difficulty with which remedial enactments were carried through the legislature. . . . Nevertheless, the anomalous state of the law, which undoubtedly permits forcible arrest and deprivation by private individuals, and the fearful consequences of fraud and error, have induced the committee carefully to inquire whether any additional safeguard may be devised."

It was shown before the committee that between the years 1859 and 1877 no fewer than 185,000 certificates of insanity, warranting the detention of patients, had been issued and acted upon. Yet although the committee sat for six months, they did not discover a single instance in which any patient had been shut up without good and sufficient reason. This is the more remarkable in that at the commencement of the inquiry many members of the committee fully believed that instances of grave abuses would be substantiated.

During the last thirty years our private asylums have steadily improved, and they are now, upon the whole, well managed; most of those which were unfitted for their purpose, or which were badly managed, have ceased to exist as such; either their licences were refused renewal by the commissioners or justices, or the patients were removed by their friends, so that the houses had to be closed. The remaining houses have gradually been improved in construction and administration, partly through the enterprise of their owners and partly owing to pressure exercised by the authorities

placed over them. Still the fact remains that private asylums are carried on primarily for the sake of profit. This alone constitutes a great objection to them. The profit accruing to the proprietor is the difference between the amount he receives from the patients and the amount he expends upon them. Where patients are detained against their will this is essentially a bad system. At an hotel it is to the interest of the landlord to make his guests as comfortable as possible, otherwise they will not remain in his house. In a private asylum the guests are forcibly detained, and the pecuniary interest of the proprietor is to expend as little upon them as possible, consistently with keeping up appearances before the world. It is not here suggested that the proprietors of licensed houses are in the habit of abusing their power, or that a fair profit may not be honestly and honourably made; but it is most strongly contended that the system is radically faulty, and that the power to detain persons against their will, granted by the State, ought not to be capable of being abused by private individuals for commercial purposes. That this power has been so very little abused of late speaks most strongly in favour of the medical men who for the most part own these institutions. All insane persons detained against their will ought to be so placed that the persons having charge of them should have no interest either in their detention or in depriving them of whatever comforts or luxuries may be available or desirable. It is only in this way that public suspicion can be avoided, and an end made once for all of these periodically recurring agitations against the private asylums and "mad doctors". Only in public institutions can these conditions be fully realised, and we shall now consider the various ways by which this necessary reform may be carried out.

The summary and compulsory closing of all licensed houses, though urged by some, is not within the range of practical politics. It is clear that before this could be effected other and better accommodation for the five thousand patients they at present contain must be provided. Substantial compensation would also be due to the proprietors, not only for their actual property, but for their prospective profits. It has been recommended that the State should take over all licensed houses as they stand, and carry them on in such a way as to earn a fair dividend on the capital invested. The asylums would then be placed in charge of superintendents, who would be salaried Government officials, having no interest either in detaining a patient

or in stinting him of whatever might be necessary for his comfort or cure. By this scheme something would be gained, but many faults of the present system would be perpetuated. Not a few of the houses are ill-suited for hospital purposes, and these would either have to be carried on as at present, or they would have to be closed at a considerable loss to the country, or a large amount of capital would have to be expended upon them, which would probably not return a dividend; and any one of these alterations is undesirable. It is also probable that many of the present proprietors or superintendents would be engaged by Government to continue the management of the institution they already direct. This would in many cases be a great advantage, but it would in others distinctly tend to keep things in their present groove.

We believe that the best solution of the problem will be found in State competition with the private asylums. It is certain that permissive legislation on this subject would be useless. No body of county magistrates would incur the expense of building entirely separate asylums for private patients unless required to do so by Act of Parliament, and it is doubtful whether the County Boards will take a different view from the Quarter Sessions. Local authorities might, however, with a little pressure, be induced to add to existing county asylums a number of beds sufficient to accommodate the private patients of the district. Where the county or borough is not of unwieldy size already this would be an admirable plan, and as the adjuncts would be extremely remunerative, the ratepayers would speedily have returned to them the original capital expended. The rates charged would be much lower than can be charged in private asylums, and, as a natural consequence, the middle-class private asylums would speedily disappear from the field. The Government would thus enter into direct competition with the licensed houses, and as the accommodation would be superior and the charges lower than in these institutions, the result predicted above would be a certainty. In a few years only the first-class private asylums would be in existence; and these would probably become "homes" for the harmless cases whose friends were able to pay high rates. They would be managed in all respects as private houses or country hotels. The doors would be unlocked by day, and the patients free to move about as they wished. They would be under "certificates", but not under "restraint". Conducted in this manner, nothing could be said against the few private asylums which would remain. The provision for a certain number of private

patients in our county asylums would be followed by the happiest results to the patient himself, to those paying for him, and to the ratepayers. When the managing boards were convinced of these there would be no difficulty in providing such accommodation as each county or district might require.

Certainly, many counties would need separate asylums, and the size and general arrangements of each would be decided by the wants of the county. In England there is a foolish feeling of disgrace attached to insanity, and it might be urged that these State asylums would not be "private". There does not seem any good reason why there should be any difference in this respect between the State asylum and the licensed house; but any extra publicity would most likely be for the benefit of the patient, and, without wishing to ignore the sentiments of the patient's friends, it may be remarked that the chief end in view is the welfare and happiness of the poor invalid. To the clamorous reformer this plan would have two objections—namely, it would be too slow, and it would in the end be likely to leave several private asylums in existence. To the first of these it might be answered that it would be sure; and to the second, that the best only of private asylums would remain. It would be the survival of the fittest, and, as a healthy competition would exist between the new State asylums and the remaining private asylums, the greatest amount of excellence in both might be attained. One safeguard would be necessary: as the old licensed houses were paying the last debt of nature, the most perfect and frequent inspection would be essential. It would be towards the end of these institutions, when their owners saw that their closure was inevitable, that the recurrence of abuses might be feared.

HOSPITAL FOR LUNATIC SOLDIERS.

At Netley there is a special division of the military hospital for the treatment of the insane. Beds are provided for seventy-five, but these are seldom all occupied. Both officers and men are received. Cases deemed incurable are generally transferred to county or borough asylums. Many of these patients were, until lately, sent, under a special arrangement, to Grove Hall, Bow, one of the metropolitan licensed houses, but this has been discontinued. It will not be necessary to say more concerning this establishment, as it is entirely under the military authorities; but we note

that the Commissioners, in one of their Reports, state that the day-room space is utterly insufficient for the number of patients who are at times in residence.

ROYAL NAVAL LUNATIC HOSPITAL, YARMOUTH.

Here also both officers and men are received. The hospital and its management are highly commended by the Commissioners, who, in a late Report, state that it "is of great value to the poorer naval officers who may unfortunately become afflicted with insanity". "Nor is it less useful to the men." A hope is also expressed that its benefits may be extended to even larger numbers than now participate in them. The number of patients resident on the 17th of June 1889 was 143.

ROYAL INDIA ASYLUM, EALING.

This institution is maintained exclusively for persons employed in the India Service. All patients are admitted by the Secretary of State's order, and the asylum is governed by the Secretary of State and a military committee. To the latter the medical superintendent is directly responsible. The patients are classified as first and second class, according to their position in the service. The usual number of patients is over a hundred.

STATE CRIMINAL ASYLUM, BROADMOOR.

This asylum is situated near Wokingham, Berks. There are upwards of six hundred criminal lunatics in this institution. All the patients are admitted under warrant of the Home Secretary. In 1889 the various classes in the asylum were as under:—

	Males.	Females.	Total.
Under detention during Her Majesty's pleasure .	385	124	509
Under sentence { of penal servitude	83	23	106
{ of imprisonment for shorter periods	3	0	3
Total	471	147	618

WORKHOUSE "INSANE WARDS".

At the commencement of the year 1859 there were 7,963 insane persons confined in ordinary workhouses in England and Wales. This number gradually increased until 1870, when it reached 11,358. In that year the Metropolitan District Asylums at Leavesden and Caterham were opened. During 1870 and 1871 they received many chronic lunatics from the London workhouses. This caused a reduction in the numbers of those maintained in workhouses, and there were on the 1st of January 1871 only 10,856, and on the 1st of January 1872 only 10,399. Since that date the number has again steadily increased, until, on the 1st of January 1890, it had risen to 12,126. The Government capitation grant, instituted in 1874, provided that four shillings weekly should be paid to the guardians of the union for each lunatic confined in an asylum. This grant, as elsewhere remarked, has undoubtedly caused the transfer of many patients from workhouses to asylums, but it has not prevented the steady increase in the numbers maintained in workhouses. During the year 1878 there was certainly a slight decrease in the workhouse lunatics; but every other year since 1872 has shown an increase, and this increase has been contemporaneous with an annual increase in the inmates of county and borough asylums.

This steady increase in the numbers of workhouse lunatics is traceable chiefly to the following causes: (1) Accumulation of cases owing to a diminishing death-rate; (2) The persistent discouragement of out-door relief; (3) The recognition of insanity in many patients who were previously regarded as "naturals" or troublesome and refractory paupers; (4) The failure to provide sufficient accommodation in county and borough asylums.

The class of patients now retained in workhouses are probably more suitable for treatment in them than those who were found there in past years. At the present time, chiefly idiots, imbeciles, and chronic lunatics are kept in workhouses. The parish officials are often anxious to transfer troublesome patients to asylums as quickly as may be, and, moreover, the law makes it penal to retain in a workhouse any pauper lunatic who is a proper object for the care and treatment which can only be obtained in an asylum. There is, however, no doubt that now and then the law is set at defiance, and cases of acute insanity are treated in workhouse

wards until they end in recovery, chronic insanity, or death. Cases of melancholia, many of whom give but little trouble, and are therefore liable to be neglected, run special danger of losing the benefit of hospital treatment when hospital treatment could be of any avail. Some workhouse medical officers prefer, for professional reasons, to retain their acute cases and treat them with a view to recovery. Under these circumstances the patient is not likely to be neglected, as the medical man takes an interest in him; but the surroundings and accommodation in a workhouse ward are rarely, if ever, conducive to successful treatment.

The Act 53 Vict., c. 5, s. 24, provides that no person being a lunatic shall be detained in any workhouse for more than fourteen days, unless the medical officer shall certify that he is a proper person to be kept in a workhouse, nor unless the accommodation in the workhouse is sufficient. Now here is a clause which may be construed to mean almost anything. Who is a proper person to be kept in a workhouse? The answer will wholly depend on the Board of Guardians, the medical officer, and the workhouse master. What is sufficient accommodation? And does any workhouse in England possess suitable accommodation for lunatics? It may be doubted, and, taking all things into consideration, it seems tolerably certain that a workhouse ward is not suitable for the care and treatment of insane patients. Possibly there may be exceptional workhouses, but, like all other exceptions, they would prove the rule. If the wards in a workhouse were improved, the patients' diet increased, and trained attendants and nurses engaged, then the lunatics might be retained; but with the above alterations the cost of maintenance in the lunatic wards would approach, if it did not exceed, that of an asylum. There would then be no pecuniary inducement to retain patients in the workhouse, and, when everything has been said, the question of cost is very apt to step in and decide matters. The Commissioners in Lunacy may order any lunatic to be removed to an asylum from a workhouse; but the Commissioners' visits to workhouses are too infrequent to make this provision of much use. Lunatics in workhouses are usually kept in one or two special wards, and it is seldom that the accommodation permits of any classification of cases. Patients of all kinds are placed together, to the manifest disadvantage of many of them. The wards are usually in charge of a "superintendent" or charge attendant, who may or may not have a paid assistant. Too much is usually left to pauper helpers, or ward assistants, as they are often called. The

arrangements for nursing, especially at night, are usually very defective, and quite unsuited to the proper treatment of acute disease, epilepsy, or, indeed, illness of any kind. The unsatisfactory provision made in workhouses for the treatment of the insane was long since thoroughly recognised. It was this which led to the establishment of the Metropolitan District Asylums for Imbeciles under the Metropolitan Poor Act, 1867. To the same cause may be traced, in great degree, the Government capitation grant of 1874. These Acts tended to empty the lunatic wards to some extent; at least, they have prevented the accumulation of curable cases in workhouses, which at one time threatened to become a great evil. The subject of the insane in workhouses will be referred to again in the section on Legislation.

METROPOLITAN DISTRICT ASYLUMS.

On the first of January 1890, these institutions contained 5,699 pauper lunatics, imbeciles, and idiots. The asylum at Caterham, Surrey, contained 1,965; that at Leavesden, Herts, 1,965. The remainder were at Darenth, Kent. At Darenth there are two asylums on the same estate. One of these contains adult patients of a similar class to that found at Caterham and Leavesden. The other is a training-school for idiots under sixteen years of age, and about 647 are at present in the institution. The Metropolitan Poor Act of 1867, 30 & 31 Vict., c. 6, known as Gathorne Hardy's Act, constituted the Metropolitan Asylums District Board for the purpose of establishing in the metropolis asylums for the sick, the insane, and other classes of the poor, and for other purposes. The Board consists of 18 members appointed by Government, and of 54 representatives of the guardians of metropolitan unions and parishes. It is strictly under control of the Local Government Board, in the same manner as are all Boards of Guardians throughout the country. It has provided various hospitals for fever, small-pox, etc., in addition to the asylums for imbeciles and idiots. The management of each asylum is delegated by the Board to a Special Committee of its members appointed for the purpose. The Committee meet twice in each month at the asylums. Their action is always subject to revision by the whole Board. Each asylum is, nominally, at least, in charge of a medical superintendent, and the staff of subordinate officers is somewhat similar to that of a county asylum. The committees retain most of the management in their own hands, and receive a separate report from each officer. The

medical superintendent is chiefly restricted to his purely medical functions, and even at the committee meetings only takes part in the deliberations of the committee while bringing forward his periodical reports. The objectionable system of receiving reports from the subordinate officers is here carried out, and it is rendered still more objectionable, inasmuch as the medical superintendent is not present when these reports are read. It must be a matter of pure conjecture whether any form of discipline can be kept up under these circumstances. It is the legislative attempting to become the executive—a system which is doomed to fail sooner or later, whether applied to an institution or to a nation.

To some extent these institutions resemble asylums. They have a medical superintendent, although, from what has been said above, medical officer would be a more correct name, and there are lunatics or idiots under treatment. Here, however, the similarity would end, and they are constituted as workhouses within the meaning of the Lunacy Acts, 30 Vict., c. 6, s. 30. By this provision the authorities are relieved of a considerable amount of clerical work which is imperative in asylums. For instance, certain books and registers must be kept in lunatic asylums which need not be kept in workhouses. Again, the medical superintendent and clerk of every asylum are obliged to inform the Commissioners in Lunacy of every admission, and to give certain particulars concerning the patients. Notices of death have also to be sent to the coroner as well as to the Commissioners and other authorities. In these and other ways some trifling expense and trouble may be saved in working the metropolitan asylums; but it becomes a serious question whether it is fair or just to the patients that these cases should be so much withdrawn from the knowledge of the Commissioners. There is no doubt that the pauper patients contained in these institutions are, by the Act under which they were established, partially withdrawn from the protection which the Commissioners exercise over the insane in all other asylums. The patients are retained against their will upon the authority of the medical superintendent's certificate that they cannot be discharged "without danger to themselves or others". It is not believed that any are detained without good and sufficient reasons. Indeed, the only conceivable motive for wrongfully detaining a pauper would arise out of the value of his work to the asylum; but it seems certain that a sane inmate would not long submit to be kept under restraint. It is possible, also, but not probable, that a recovered patient might

be lost sight of amid the enormous masses of patients congregated in these metropolitan asylums. Such possibilities ought not to exist. The law is therefore unsatisfactory as it stands, and should be amended in the direction of placing the metropolitan asylums under the operation of the Lunacy Acts. A Bill has already been before Parliament for extending the provisions of the Metropolitan Poor Act throughout the country. It is greatly to be desired that not only any new institutions of the kind, but also those already existing, should be at least as much under the authority of the Commissioners as are the county and borough asylums.

Notwithstanding these defects in the system of management and government, the metropolitan asylums for imbeciles must be regarded as fairly successful institutions. The object with which they were established was to provide a comfortable residence for a very large number of incurable weak-minded paupers at as cheap a rate as possible, and this end has been attained. The enormous size of the buildings rendered their erection possible at a low rate per bed. That at Leavesden is said to have cost £86 per bed, including the site and furniture. The weekly rate of maintenance is also low, but not much lower than some of the best county asylums. During 1885 the weekly cost at Leavesden was 7s. 3½*d.*, and at Caterham, 7s. 11*d.*, while at the Lancashire County Asylum at Whittingham it was 8s. 8*d.*; at the Northampton County Asylum, 8s.; at Worcester, 7s. 10¾*d.*; and at Devizes, 7s. 10¾*d.* All of these asylums are superior to the metropolitan ones—some of them enormously in advance. The chief reasons of the low rate at the metropolitan district asylums is, that the salaries are distributed over a very large number of patients, and that the proportion of attendants to patients is not so high as in our county asylums. Another reason is that the most expensive class of patients, the curable and the dangerous, are to a great extent excluded. According to the original intention, all such cases should be refused admission. Practically there is, however, great laxity in the classification. Moreover, some of the salaries are too low. The medical superintendents rarely rise above £500 or £600. Others, however, may be looked upon as too high.

The Idiot Schools at Darenth contain about 647 pauper children. Many of these are educated to a certain extent, and some are taught trades. Upon reaching the age of sixteen they are transferred to the adult asylum, which is situated upon the same estate, and under the management of the same committee. The

patients are there able to continue their training in the workshops, and to make use of the knowledge they have gained. A certain number of adult females is retained in the idiot schools to carry on the domestic work of the establishment. A large number of the cases received at the schools is of so low a type as to be practically uneducable ; but these receive the special care which they need, and are trained in habits of personal cleanliness, thus making their lives more tolerable to themselves and others. Such schools ought to be established throughout the country. They might be built as county asylums under the existing laws, and several small counties could combine for this purpose.

PRIVATE SINGLE PATIENTS.

Anything like an exhaustive consideration of this subject is beyond the scope of the present work, and a few sentences will suffice to explain the conditions under which these "single patients" live. The last published Blue-Book shows that on the 1st of January 1890 there were 446 patients classed as such. These are chiefly harmless, chronic cases, and are well cared for in the homes of medical men and others. All such patients, if kept for profit, are required by law to be placed under certificates, and reception at once reported to the Commissioners in Lunacy, who visit them annually. Under certain conditions the Lunacy Act of 1890 allows of such cases to be kept in an unlicensed house, so that the description, "single patients," is not always quite correct. Acute cases may sometimes be successfully treated in private houses ; but accidents are very liable to occur, and such cases are as a rule, much better in asylums. It is dangerous to attempt the private treatment of a case of acute insanity except under the advice and supervision of a specialist. Every attempt, however, should be made to increase the number of "single" patients.

OUTDOOR PAUPER LUNATICS.

The most of these are quiet, harmless cases ; patients who live with their relatives in rural districts. They are required to be visited and reported on once a quarter by the parish medical officer, who receives half-a-crown for each such visit and report. The number of these patients does not tend to increase, as the following table will show :—

Number of Outdoor Pauper Lunatics on the 1st of January.

1862	.	.	6,157	|	1882	.	.	6,113
1872	.	.	7,436	|	1886	.	.	5,866
			1890	.	.			5,811

No doubt many patients are now registered under this head who formerly escaped official recognition as lunatics; but the tendency to increase has been more than counteracted by the greater number transferred to asylums for more suitable care and treatment. This course always commends itself in urban districts, but even in the country it is beginning to be recognised that the "parish fool" or "village idiot" is really a source of great inconvenience and, not unfrequently, of real danger. Although harmless for years—hooted and laughed at by children and idlers—he is liable to take any of his habitual assailants at a disadvantage and perpetrate some savage deed. Sometimes an uncontrollable sexual desire leads to a similar result, or delusions unsuspected or looked upon as harmless suddenly induce to violent action. Imbecile or lunatic paupers should not be kept at home unless their friends are able, in deed as well as in name, to "take care of them"—that is, to be almost constantly with them, protecting them from ridicule, humouring their peculiarities, checking their passions and directing their energies.

CHANCERY LUNATICS.

These patients, having been found lunatic by inquisition, are placed, together with their property, under the protection of the Lord Chancellor. Many of them are cared for in licensed houses and in registered hospitals. These are under the cognisance of the Commissioners, and are, therefore, included in the statistics drawn up by them. But a number of patients, amounting in 1886 to 400, reside in private houses with their committees—that is, those who are appointed to look after them—or the committee places them, with the consent of the Chancery visitors, in some other private house. Respecting these patients no return is made to the Commissioners. They are visited frequently by the Lord Chancellor's visitors, who take the greatest care that their interests and comforts are well looked after. Perhaps it may be said that no lunatics are so well provided for as the Chancery single patients. The total number of Chancery patients would seem to be about 1,200, and of these not fewer than one-third are "single

patients"—a state of things which forms a remarkable and pleasing contrast to that of private patients not under the control of the Chancery Court. It must be remembered that the number of single patients not in Chancery would be much larger if those living at home or not kept for profit were included. Of the Chancery patients all are included, whether kept at home or not. At present, however, no means exist whereby we can arrive at the number of non-certificated lunatics residing with their friends.

INSANE CONVICTS.

Prisoners becoming insane whilst undergoing sentences of penal servitude, and who are detained for treatment in the wards of convict prisons, are also beyond the cognisance of the Commissioners. They are very few in number.

ASYLUMS AND ASYLUM MANAGEMENT GENERALLY.

If there be safety in the multitude of counsel the pauper lunatic ought to be well looked after, for it would seem that his interests are watched over by six different bodies, namely, the County Council, the Asylum Visitors, the Board of Guardians, the Commissioners in Lunacy, the Local Government Board, and the Home Office. Practically, however, at least as far as his residence in the asylum goes, the second of these, being delegated by the first, has almost the entire charge of him, and it is upon the asylum visitors that the responsibility rests. We have said elsewhere in this work that, taken as a whole, the work devolving upon the visitors has been admirably performed.

Under the appropriate headings we shall detail the duties allotted to the various officials, and from a perusal of these it is hoped the reader will be able to form a fair idea of what transpires in our county asylums, so that it will be only necessary in this chapter to state in the briefest manner possible such points as do not properly belong to, or as could not be satisfactorily dealt with elsewhere in, this work. Whatever may be said of private asylums and lunatic hospitals, there is not much doubt that the public provincial asylums are institutions of which the nation may well be proud; and in the present day the pauper lunatic has an amount of care and attention bestowed on him which in some quarters is thought to be excessive. It may be said that he is better housed, better fed,

and better clothed than he would be at home ; that his surroundings generally, and the entertainments and amusements provided for him, are such as he would hardly meet with out of doors ; and doubtless all this would be true ; but it must be remembered that such treatment in many cases conduces powerfully to the recovery of mental soundness, and that in the incurable they should be looked on as some compensation for the deprivation of liberty, which is of all trials perhaps the hardest to bear. This should be kept in memory when we look at the wards in some of our best county asylums, and we should remember how much it must take to make up for the loss of freedom. At the risk of seeming a little out of place, we venture to quote the following passage from an author who was one of the most acute observers of man and his ways : "'Tis thou, thrice sweet and gracious goddess, addressing myself to Liberty, whom all in public or in private worship, whose taste is grateful and ever will be so, till Nature herself shall change. No tint of words can spot thy snowy mantle, nor chymic power turn thy sceptre into iron ; with thee to smile upon as he eats his crust, the swain is happier than the monarch from whose court thou art exiled." Further, we must realise how much insane minds would be injured by being immured in herds within bare walls and comfortless surroundings.

It will, we think, be admitted by most men of sense that up to the present time our county asylums have not exceeded the bounds at which comfort stops and luxury begins ; and although the unfortunate inmate would not in his own home meet with what he finds in the asylums, it is most certain that much, very much, is needed to atone for what he has lost—the loss of liberty.

After this digression we proceed to mention the various points which we had set ourselves to consider in this chapter ; and first among these is the question as to whether it is desirable, on the score of economy or otherwise, to treat recent cases in separate institutions from chronic cases. We believe we can show that in most English counties there would be no real advantage, but the opposite, in separating the recent from the chronic cases ; and the following are our reasons :

1. Two establishments would have to be kept up, each having a separate staff, unless the acute asylum could be built in the same grounds as the chronic one, and even then the proportion of attendants and nurses would have to be much higher than under the present system. One nurse or attendant to twelve patients is

not a high proportion, and it could not be safely lessened, even in chronic asylums; for it must be remembered that among the incurable patients would be found all the epileptics, a class both numerous and difficult to manage. The number of acute cases—that is, recent and presumably curable cases—resident at one time in any of our county asylums is so small that it would be in the highest degree extravagant and unnecessary to keep up a separate staff for them. Of course, the number would entirely depend on the meaning which “acute” is made to bear. It has been understood to mean cases of under one year’s duration; and if this definition be accepted, then the year’s admissions might be taken as the number for which provision would have to be made, and the additional expenses would run into a thousand or two a year.

2. On the withdrawal of the acute cases there would be an increase in the cost of maintenance of the chronic cases, because the salaries would be distributed over a lower number, and because the cost of warming, lighting, etc., would be increased per head. It may safely be stated that an asylum of average size would lose £1,000 a year in this way.

3. It has never been shown that the percentage of recoveries would be higher if the acute cases were separated from the chronic; and the advantages derivable from treating acute cases in one building, rather than in a certain number of wards in a large asylum, is not apparent, and in all probability has no existence. If it be said that the medical superintendent, having less administrative work to perform, would have more time to devote to the purely medical work, we reply that it by no means follows that he would so apply the said time; and we believe, although we speak without sufficient data, that the medical superintendent who does his lay-work best will nearly always be found best acquainted with his patients and their treatment. In the Middlesex asylums the medical superintendents have no lay-work to perform, but we never heard that more scientific work had emanated from them than from other asylums; and as the imbeciles have been drafted by the thousand to the institutions at Leavesden and Caterham, we might look for a higher percentage of recoveries than in the provincial asylums, but here again we do not find that it is so.

If it could be proved that a higher percentage of recoveries would flow from the separate treatment of acute cases, it is almost unnecessary for us to say that we would at once waive our objections to the proposal, holding as we do that a medical man is

bound to do the best he can for his patient, irrespective, or almost irrespective, of the cost. From a utilitarian standpoint, however, the case is different; and when we find a writer stating that increasing the number of recoveries will decrease the expense to the ratepayers, we can only say that he has not carefully considered what he was writing about. Much concerning insanity is doubtful, and few things there are believed in by one physician which will not be flatly denied by another; but one thing is never doubted, and that is, the terribly hereditary nature of insanity. It is beyond doubt, therefore, that every patient discharged from an asylum is likely to increase the burden of the ratepayer in the next generation. It may be thought by some that those who have been in an asylum are unlikely to marry; but this is a mistake, as everyone connected with our county asylums full well knows. Whatever may be the rule among the upper and middle-classes, it is, alas! too true that the classes who recruit the population of our pauper asylums constantly marry and are given in marriage, and, of course, many of them are already married when they become insane.

We hold, however, that some limit should be placed to the size of the asylums; and if we name 1,000 beds as the limit, it is not that we do not think a smaller number better, but that we do not see how it is possible in England to place it lower. In our opinion, the Home Secretary should refuse to sanction the erection of any asylum exceeding 1,000 beds, or the enlargement of any existing asylum beyond that number. With an adequate staff, an asylum containing 1,000 beds can certainly be managed economically and properly, both as regards lay administration and medical work; but we feel tolerably sure that when this number is exceeded the superior officers, one and all, begin to cry out for help. The assistant medical officers want book-keepers and dispensers; the clerk wants an assistant clerk, to do his copying work; the head-nurse thinks she should have a deputy; the housekeeper needs some one to look after the laundry or kitchen; and so on throughout the asylum. On all hands power is delegated, inspection is less satisfactory, and discipline suffers in consequence. Moreover, it would seem that very many of the large asylums are above the average in their weekly cost of maintenance. In any county where a new asylum has to be built, it would be well to try the experiment of treating the acute and chronic cases in separate buildings. If we mistake not, something approaching the system

has been tried in the asylum for the county of Dorset ; and a good opportunity exists at the present moment for another trial in the county of Gloucester, where part of a new asylum has recently been built. After a few such experiments something definite might be arrived at ; but in the meantime the separation of the two classes of the insane is a step certain to cause increased expense, except in those counties where the lunatic population exceeds 1,000.

Another proposal is to build an asylum large enough to contain the acute and infirm cases only, but with administrative departments large enough for the chronic cases as well, the latter to be accommodated in cottages surrounding, so to speak, the parent institution. Here is a pretty little idea, but let us see how it would work in practice. Take a county of average size, say one having about 700 lunatics. Possibly 200 acute and infirm cases would be in the main building, and the remaining 500 in the cottages. It is presumably not intended to accommodate more than ten in each cottage, consequently fifty separate buildings would be needed ; and each cottage would need two attendants or nurses, or above double the number needed under the existing system. It is hard to see what management could be attained, what discipline enforced, in these cottages. Would the meals be cooked and served in each cottage, and, if so, who would see that the patients got what was ordered for them ? Or, would they walk to and from the main building in all weathers, three times a day ? The whole arrangement bristles with difficulties. For instance, would the head-attendants march round every evening at ten o'clock to put on the master-locks, and every morning at six to take them off, or would the attendants and nurses be left to their own devices during the night ?

There is no doubt that the farm and laundry patients might often be accommodated in separate blocks, either with advantage or without much disadvantage, but the wholesale building of small houses is an idea that in our opinion could not be expected to work harmoniously.

Dr. Mortimer Granville, in his evidence before the Select Committee, stated that a very considerable percentage of the pauper lunatics might be placed in some position out of the asylum, where they might be gradually taught to perform some useful work, and ultimately be able to earn their own livelihood. How this is to be brought about one does not very clearly see. Would lunatic colonies be inaugurated for the purpose, and if this is the proposal, where is

the committee of visitors bold enough to make the first experiment? and where is the county in England where the ratepayers would not rise in revolt at the thought? If the intention be to place the lunatic in a private family, we may ask where the family exists who will take the lunatic, either with or without payment? And if any reasonable number could be disposed of in this way, some form of inspection and visitation would be absolutely essential, and thus more expense would be incurred. Besides, the repugnance to insanity in all its forms is so great, that it is always difficult for a patient, even if discharged recovered, to obtain employment. In the case of domestic servants it is very difficult indeed.

The various nostrums for hastening the advent of the lunacy millennium possess the one common quality of being either impracticable altogether, or only to a very limited extent practicable. Perhaps the one least open to objection is to make use of the provisions of the 53 Vict., c. v, s. 79. This Act permits the visitors to discharge any lunatic on the undertaking of a relative or friend that the lunatic will be prevented from doing injury to himself or others, and be no longer chargeable to any parish, union, or county (see chapter on legislation). To what extent it is justifiable to use the Act is a somewhat difficult thing to say. Of course, markedly homicidal and suicidal cases ought not to be discharged at all, and the difficulty of finding relatives able and willing to look after the lunatic will always prevent the discharges under this head reaching a very high total. Then the effects such discharged lunatics may have on the next generation is a point too often overlooked, but it has a very real bearing on the question, as the present writer is well aware. Still it is possible to do something by this Act, not only to diminish the number of patients in our county asylums, but also to convince those outside that an asylum is not a prison, and that patients can be discharged even although they may not have recovered from the malady for which they were placed under treatment.

In one asylum containing nearly 700 patients there have been discharged under this Act, during the last six years, fifty-four patients, and of these twenty were returned to the asylum in periods varying from a few days to four years; while thirty-four lunatics are now enjoying an amount of liberty and home comforts which could not be given even in the best ordered asylum, and possibly a few of the thirty-four are able to earn a trifle towards helping their friends to support them. In the asylum referred to

the weekly charge to the unions is 8s. 6d., and therefore the county is at the present moment being saved a sum of not less than £750 a year, of course assuming that all the thirty-four patients are still living.

INSANE IN WORKHOUSES.

Another proposal for keeping our pauper asylums within reasonable limits, and one that has been tried to some extent in most counties, is to retain chronic and harmless cases in workhouses, and to discharge from the asylum to the workhouses such cases as seem harmless. This proposal was ably stated by Dr. Lockhart Robertson in his address to the psychological section of the International Medical Congress held in London in 1881. In the year 1889 there were 51,910 pauper lunatics in the county and borough asylums, 1,711 in hospitals and licensed houses, 12,126 were in workhouses, 5,699 in the metropolitan imbecile asylums, and 5,811 were residing with their friends, making a total of 77,257. It will thus be seen that about 15 per cent. of the pauper lunatics of the country are at present in workhouses, and Dr. Robertson thinks that 40 per cent. of these might be so disposed of. It is supposed—

1. That there is room in the workhouses for the remaining 23 per cent.
2. That the guardians would consent to receive them.
3. That the committee of visitors would consent to the transfer taking place.

Taking the first postulate, it is questionable whether the lunatic wards of our workhouses are sufficiently expansive to permit of the number of patients being more than doubled, and if the accommodation does not already exist it can hardly be expected that the guardians will increase it.

As to the second, it is almost certain that even if room existed in the workhouses the guardians would not receive the lunatics—at least, not until the repeal of the capitation grant, because under the present system the local rates are saved by sending patients to the asylum. The average weekly rate in workhouses is about 4s. 8d., but this calculation leaves unmentioned the establishment charges, that is, salaries, wages, furniture, etc. Including these, it may be taken that something like 6s. 6d. would be the average cost per week of the workhouse inmate, and this average includes the paupers in the body of the house, who do not cost so much

to keep as the insane ; therefore another addition must be made to the rate to get at the true cost of a lunatic in the workhouse. We shall not be far wrong if we say that the cost would approach 7*s.* a week. Now, the average cost in asylums is only 8*s.* 6*d.*, consequently, deducting the capitation grant, we arrive at the fact that by keeping the lunatics in the workhouse the local rates are saved to the extent of 2*s.* per week per head.

3. Many of the committees of visitors of our county asylums still take their places as *ex officio* members of the Board of Guardians, and, when inspecting the workhouses, cannot fail to be struck with the difference between the dull, cheerless wards of a workhouse and the bright arrangements of the county asylums. It may therefore be questioned whether they would willingly sanction the wholesale removal of lunatics to the workhouse. True, workhouse wards might be improved, suitable attendants might be engaged, the diet increased, and the salary of the medical officer raised in proportion to the extra amount of work entailed ; but then the whole cost would be so much increased, that the difference between the insane wards of a workhouse and the county asylum would be infinitesimal. The only saving would be that the asylums would not need enlarging, and this would only happen in those districts where the workhouse would not need to be added to previous to the reception of the cases. We doubt, therefore, whether much is to be hoped for in this direction for relief of the pressure felt for asylum accommodation in so many counties.

OPEN-DOOR SYSTEM.

This newly developed system is partially in use in thirteen English county and borough asylums and in five hospitals or idiot asylums, but it seems only to be thoroughly carried out in the idiot asylums at Earlswood and Lancaster. One superintendent says it is in use partially, without “appreciable result”; and another says, without “untoward result”; and a third approves of it, and means extending it rapidly. At the Northampton County Asylum, Berry Wood, upwards of 500 patients are not under lock and key during the day. The escapes have not been more numerous than formerly, but the trial is not yet of sufficient duration to enable the medical superintendent to pronounce any very definite opinion on it.

It would seem, however, that the open-door system as understood in Scotland is unknown in England, and we are therefore

inclined to ask the following question: Is the advantage derived from the open-door system equivalent to the risk run? And according to the answer given by each superintendent, so must his practice be.

One superintendent remarks that he fails to see the difference between an iron bolt and an attendant. This is, of course, meant to convey the idea that where the bolt is dispensed with, an attendant stands on guard at the door. Another thing must not be forgotten: that the sane population in the neighbourhood have at least equal rights to protection from intrusion or assault as the insane inhabitants of an asylum have to liberty. It is better, no doubt, that a hundred lunatics should be confined to a restricted area, rather than that one perfectly sane man should be killed. Then again we must consider the probability of suicide. When the open-door system is developed into something more than a name, it is practically impossible to watch each individual suicidal patient. In 1889 alone, the number of suicidal patients admitted into the English county and borough asylums was not fewer than 4,200, and it is almost the invariable custom in England that not one of these patients should ever, even for an instant, be out of sight of an attendant, written instructions being given to this effect. The result of this constant watching is, that not more than eighteen were able to commit suicide, and in many of these the suicidal tendency was either not known to exist or believed to be in abeyance.

In the American asylums twelve have given no trial to the open-door system, and fifteen have tried it in some of their wards, apparently, to an extent somewhat similar to the English asylums. One superintendent tells us that about one-third of his patients could be trusted, but that the construction of his asylum does not permit him to trust them. At Danvers there are four open wards out of a total of twenty-four wards, and the superintendent thinks that the practice is on the whole good, though it interferes with classification, and has a tendency to make the patients indolent. At Mount Pleasant it is practised to a limited extent, and certain cases are undoubtedly helped if properly observed. One superintendent looks upon the system as "beautiful in theory". It would seem that many of the American asylums have no airing-court walls, but it is probable that patients likely to escape are not trusted out of the wards except under care of an attendant.

On the other hand, so far as this system is concerned, we are of opinion that when patients can be induced to conform to rules

regulating their going out and in, in the same way as sane persons in a warehouse, a factory, or a school, are induced to conform to such rules, and without being locked in, the effect on the mental condition is good. This is very different from keeping them in by placing an attendant at the door; and a very high Scotch authority assures us that a considerable proportion of the patients in Scotch asylums can be managed in this way. Suicides and homicides could be almost entirely prevented if every patient were placed in a strait-jacket and in a padded room; but the misery which would result would be frightful, and the annual mortality would be much above what it is under the present system. What should be aimed at is a system of management which will give the highest number of recoveries, the smallest number of deaths, and the greatest happiness and contentment to the patients during their stay in an asylum. Any form of the open-door system necessitates that more thought must be given to the study of each case, both by the medical officers and by the attendants. This is necessary, not merely to determine which patients may be trusted in unlocked rooms and buildings, but also because the absence of locks makes the provision of suitable occupation—industrial or recreational—more necessary than where all are under lock and key. It follows, of course, that the extent to which increased liberty, unlocked doors, and other things of the same kind can be introduced, depends greatly upon the individual character, care, and ability of each superintendent. The open-door system is an attempt to give greater liberty, and to diminish the irksomeness of asylum life. Those who have attempted it have done so with no small expenditure of labour and thought, and have had a large measure of success. It fails when pushed to an extreme, or when the due amount of superintending care is absent; but these are not fatal objections, and may be overcome. Besides, it has not yet been authoritatively determined whether or not this system yields a larger number of escapes than others, which are far more irksome and harmful to convalescent and quiet patients.

DINING HALLS.

Perhaps few points connected with asylum management tend more to order and regularity than the custom now so common, once so uncommon, of dining the patients in one or more large halls. For the system to be perfectly successful there ought to be two

halls, one for the men and one for the women, and each hall should be able to dine five-sixths of the male and female patients. The advantages accruing from the system are the saving of time in serving meals, the ease of supervision, the greater variety to the patients, ensuring their leaving the day-rooms, and the opportunity it affords of having the day-rooms and galleries emptied three times daily, during which the wards can be thoroughly aired. A good system, where the asylum is a very large one, and where the wards, also, are very large, is to have a dining-room attached to each ward. This possesses none of the drawbacks of a general dining-hall, and, except that of supervision, it has all the advantages.

The proportion of patients using the common dining-hall will vary much. It will depend on the size of the hall, the time of the year, the class of the patients, and the views of the superintendent. The following is the best mode of carrying out the system. Each ward has a certain number of tables allotted to it, and the attendant, or nurse in charge, will see that the patients are in their respective places a few minutes before the hour at which the meals begin. Each table should seat from twelve to twenty patients; and, as soon as the patients are seated, the meat to be carved should be placed at the head of the table, and immediately distributed by the charge-attendant or nurse. The second attendant, or nurse, will preside at the adjoining table, and the under-attendants and nurses will serve out the vegetables. All these duties are performed in a very short time, as constant practice renders the staff expert. Half-an-hour is the time usually allowed for patients' meals. Grace is said by the head-attendant or head-nurse; except after breakfast in those asylums where daily prayer is said by the chaplain, in which case morning prayer takes the place of grace. In some asylums the evening grace is sung by the patients and staff. In very many of our county and borough asylums the dining-hall is also the recreation-hall, a plan which has many drawbacks and only one advantage, namely, that of economy.

From the returns sent to us we conclude that twenty-four asylums, having a total number of 16,968 patients, dine 8,000 of them in their dining-halls; that is, a trifle under 50 per cent. The Ipswich borough leads off with the highest proportion, being 264 out of a total of 278 patients resident. The Lancashire asylum at Whittingham has but 540 out of a total of 1,719; Colney Hatch has 620 out of a total of 2,250. Kent, at Barming Heath, has 640 out of 1,326. Denbigh has 330 out of 480.

None of the registered hospitals seem to have common halls. The Royal Albert Asylum for Idiots shows a creditable state of things in this particular, having 305 out of 470; and the Earlswood Asylum dines 218 out of 600. Darenth Imbecile Asylum returns 180 out of 540.

In the American asylums all the wards are termed "halls", so that the question seems to have been misunderstood, and the returns sent to us from the States are in this particular worthless.

USE OF STIMULANTS.

Lately a good deal has been written and said about the consumption of malt liquor in asylums; and, as will be seen from the following statement, many of our English public asylums, in counties where beer is the common beverage, have already given up the use of beer as ordinary diet. Some superintendents even go the length of saying that an improvement has taken place in the condition of the patients since the withdrawal of beer; they are said to be more tractable, less excitable, and more willing to employ themselves. Now, as the usual asylum allowance was one pint daily, generally given at lunch and dinner, it must be manifest to everyone that the withholding of this could have no effect whatever, more especially as the beer given was of the weakest description. Our own feelings would induce us to approve of the modified use of beer; that is, to withhold it from demented who neither need it nor appreciate it, and from idle chronic maniacs who do not deserve it, and to give it in strict moderation to those who employ themselves. To withdraw it entirely seems alike cruel and unnecessary. The pauper-lunatic knows but few luxuries, and to deprive him of one of the few he can appreciate is a scarcely justifiable proceeding. Of course, common sense would forbid its use in those cases where the abuse of alcohol was believed to have had any part in the production of the insanity.

Returns from the United States show that thirty-four asylums withhold stimulants as part of the ordinary diet, and three Canadian asylums follow the example. In the Indianapolis Asylum, and in the London Asylum, Ontario, alcohol would seem not to be used even as a medicine. In a few of the American asylums milk is given as a substitute, but coffee and tea most frequently take the place of alcohol in the United States asylums.

In England we find that the following still use some form of

alcohol as part of the ordinary diet: Berks, Bucks, Cornwall Dorset, Gloucester, Kent (Chartham), Lancashire Asylums, Middlesex Asylums, Northampton, Northumberland, Nottingham, Salop, Stafford (Burntwood), Surrey Asylums, Sussex, Worcester, Bristol, Leicester, City of London, Nottingham Borough, Leavesden, Lincoln Hospital, The Coppice (Notts), Coton Hill (Stafford), Bethlehem, Earlswood, Darenth, Ealing, and Broadmoor. In some of the above it is only given to the working patients. This is the custom at Gloucester, Cornwall, Kent (Chartham), Northampton, Northumberland, Salop, Surrey, Wilts, Worcester, Earlswood, Darenth.

In the following asylums it forms no part of the diet, but is presumably still used as a medical extra: Carmarthen, Cumberland, Denbigh, Derby, Hereford, Kent (B. H.), Monmouth, Norfolk, Oxford, Somerset, West Riding, East Riding, Birmingham, Hull, Ipswich, Lancaster Idiot.

MONEY PAYMENT OF PATIENTS' LABOUR.

As far as we are aware, no English county asylum has yet tried this; and the only institution for the insane which adopts the practice is the Criminal Asylum at Broadmoor. Here, however, the superintendent speaks highly of it. He thinks a stimulus is given to the patient; more work is done; and, if this be so, it would follow in county asylums that more recoveries would take place. The question that at once arises in the mind of anyone conversant with the working of our lunatic asylums is, supposing the system to be inaugurated, and money payments made, is the patient to be entrusted with the money; and, if so, where is he to keep it; or, if not, who is to act as banker?

It very often, indeed, happens that when the lunatic has recovered from his disease, and is about to be discharged from the asylum, he does not know where to look for work, and, if no friends are forthcoming, he has to depend on the workhouse, or throw himself on the world, living as best he can, until a job turns up for him. Now, residence in the workhouse is not a nice thing for a respectable artisan or domestic servant to be driven to, and to be compelled, as the only alternative, to go at once in search of work, is a very great trial for an individual lately an invalid. But if the patient, during his residence in the asylum, could have saved even a couple of pounds, it would place him beyond the reach of

want until he could look around him, and find some suitable occupation. The objectors to this suggestion would at once say that insanity is often caused, or at least often accompanied, by habits of drinking, and that it would frequently happen that the patient, being released with a supply of ready money, would immediately set about "liquidating" it, and so be sent back to the asylum within a very short time. That this would happen now and then must be admitted; but it must also be admitted by the opponents of this scheme that the drinking man will be sure to make his reappearance before long in any case, and it is surely scarcely justifiable to punish the really deserving man because some other man not equally deserving would abuse the privilege which they have in common. We therefore venture to state our opinion, formed not hurriedly, but after much thought, that the money payment to patients for work done is a suggestion well worth a trial, as having within it the elements of success.

AMUSEMENTS OF THE INSANE.

Among outdoor amusements, cricket generally holds the first place; and it is stated that in some asylums a considerable number of patients take part in this game. The author's observations would not tend to confirm this; and his experience would be that, except as on-lookers, but few of the patients join in it. It will very often be found that the "Asylum Eleven", which is occasionally heard of at neighbouring matches, is composed of seven or eight attendants and three or four patients. Occasionally, the assistant medical officer forsakes his case-books, and is known as "Captain of the Eleven". Why, therefore, cricket should be so popular in asylums, when so few patients play, it is not easy to say. Perhaps the old associations have something to do with it. A nearly demented man indistinctly remembers when he used to play on the village green long years ago, and a gleam of pleasant memories lights up his nearly expressionless face. So far so good. But it must never be forgotten that the real use of cricket, or of any other game in an asylum, is *not* to get three or four patients, who probably are just those who don't really need it, to engage in the game, but to induce those to play who would be likely to derive mental or physical benefit from it, the game thus becoming a real element in the moral treatment, and not merely a means of recreation, although the latter has a distinct and important place also. Every means should therefore be used to get the most hope-

less of the patients to join in these pastimes ; and, unless this is done, the desire to take part in and win matches with the neighbouring clubs is worse than useless, as it withdraws the game from its chief object. Of course these matches may be defended on the ground that they form spectacles which a large number of patients like, thus they may be placed in the same category as theatrical performances. There is something to be said in favour of this view.

Football, when played quietly, is an excellent game for the more robust of the patients, and a much larger number can join in it than in cricket.

Long country walks now form a part in the routine of every county asylum. One-half, or sometimes two-thirds of the patients are able to ramble through the adjoining lanes. It is customary to send out one attendant or nurse to about every twelve or fourteen patients. A very useful adjunct to an asylum is an American bowling-alley. It can be used in all weathers, and is sure to be a popular amusement. The best one we have ever seen is that in the Royal Edinburgh Asylum at Morningside. It is beautifully fitted-up, and forms a pleasant lounge for those who take no part in the game. A good one has recently been put in the Northampton County Asylum, and probably other asylums possess them.

Each male ward should contain a billiard-table and cards ; chess, draughts, and dominoes are always plentifully supplied.

It is customary in asylums to have a weekly or fortnightly dance, and perhaps no other amusement is so much looked forward to or so much appreciated as this. In some of the northern asylums the male and female patients meet in the recreation-hall and form groups to play cards and dominoes. Music and singing vary the proceedings, and some light refreshment is given. The latter is always popular, and the games generally. Associated entertainments should be as much encouraged as possible, and the above form of entertainment has the advantage of being always procurable. During the winter months theatrical performances are of frequent occurrence. These are given either by amateur dramatic clubs, by bands of strolling players, or by members of the staff. There can be no objection to the first two ; but differences of opinion may exist about the third. It scarcely ever happens that a patient is able to take any part in the play, so that preparing for these entertainments cannot be useful to the patients. The attendants and nurses are drawn from the wards for rehearsals, one or more officers have to be present at these rehearsals, and are

often required or expected to join in the performance. All this can hardly lead to good discipline, although it would be too much to say that a lack of discipline is inseparable from it. As it is generally easy to obtain the services of a professional troupe for a few guineas, there would seem to be no reason to interfere with the routine duties of the staff for this purpose, and it is tolerably certain that a very good asylum amateur rarely equals a third-rate professional. Many medical superintendents do not therefore encourage theatrical representations by members of the staff, while in other asylums it is not uncommon, and the system would be defended as harmless if not beneficial; and it is certain that the patients like to see the attendants and nurses on the stage.

MAINTENANCE OF ASYLUMS.

The county stands somewhat *in loco parentis* to the lunatic, providing him with shelter, food, clothing, attendance, everything; but, with the exception of the first of these items, the county is recouped from the payments made by the unions. There is thus a division of the asylum rate into building and maintenance; the former being levied from the county ratepayer, and the latter from the union. This distinction between the rates is rather like that between a crocodile and an alligator, but it is nevertheless a most useful one in practice, for it enables the Committee of Visitors to obtain through the County Council such sums as they want for repairs and additions to the asylum, while the unions pay exactly in proportion to the number of patients sent from their respective districts or unions.

Referring first to the building rate, it will be seen from reference to the 53 Vict., c. v, s. 266, that the visitors may expend annually a sum of £400 without asking the County Council, but, when a greater sum is wanted, the previous sanction of the County Council is imperative. What this £400 allowed by the Act mentioned above is intended to cover would seem to be somewhat doubtful. If it be merely meant to provide for the cost of building material used in ordinary repairs and minor alterations, it is probably sufficient in most cases; but if it be intended to include the wages of the artisans, usually placed to the building account, then it is questionable whether there is an asylum in England which does not set the Act at defiance. The plain meaning of the Act would, we think, include everything spent on the fabric,

whether in material or wages; but then these Acts were passed long before asylums had reached their present large and too often unwieldy size. If the strict letter of the law were to be adhered to in every case, much difficulty would every now and then be experienced in carrying them on. There is one case in which the previous consent of the County Council has not to be obtained, viz., where the money about to be spent has been obtained as profit from the reception of out-county and private patients. Here it is merely necessary to report to the County Council the manner in which the various sums have been laid out.

The 53 Vict., c. v, s. 238, enacts that every county shall make provision for its insane poor—that is, that it shall build an asylum—unless the Home Secretary shall sanction a contract between any particular county or borough having a lack of accommodation, and some other county or borough which happens to have more asylum accommodation than is needed for its own patients. The usual sum charged is 14*s.* a week, and as the average cost of maintenance is under 9*s.*, it follows that a sum of 5*s.* a week for each patient admitted under the Act is placed to the building account. A higher sum than 14*s.* may be charged, but in this case it is necessary to place an advertisement stating the charge in the local newspaper. A similar course has to be followed when private patients are received into county asylums.

The amount annually spent on buildings out of the county rate is very uncertain, for the sizes of asylums vary so much, and the ages of the buildings are widely different. The smallest county asylum contains about 280 beds, the largest about 2,300; one may be only a few years old, another over fifty years. With such differences, therefore, it is impossible to do more than give the reader an idea of the sums voted by Quarter Sessions, or obtained under the Act allowing the £400; but it may be taken as a fair guide in the matter if we say that an asylum with 700 or 800 beds will need about £1,000 a year to keep it in thorough repair, inside and outside, and for all such work as in a private house would fall to the landlord's share—for instance, engineering, plumbing, painting, papering, etc. The above-named sum to include both wages and material.

We have already said the union or maintenance rate proper is paid by the unions in exact proportion to the number of patients sent from each district. The weekly charge per lunatic during 1887 amounted to an average of 8*s.* 6½*d.* Although the above-

mentioned weekly sum is paid by the union to the asylum, it is not all raised direct from the poor-rate, there being a capitation grant of 4*s.* weekly from imperial funds for each pauper lunatic in a county or borough asylum. This grant is in conformity with an Act passed in 1874, and in 1890 altered so far that it is now paid by the County Council. Since 1874 there has been in most county asylums a marked increase in the number of pauper lunatics resident, and a corresponding decrease in the number of those in the workhouses and living with their friends. The tendency of the Act has therefore been to diminish local taxation at the expense of imperial. Taking 8*s.* 6*d.* as the average weekly charge for patients in county asylums, and subtracting the 4*s.* for capitation grant, it leaves only 4*s.* 6*d.* for the union to pay. The workhouse rate, after adding the establishment charges, would certainly exceed this sum, and a certain further amount would have to be added, as the cost per lunatic would exceed the average cost per inmate. It will thus be seen that there is a saving to the local rates by transferring patients from workhouses to asylums, and that the guardians have availed themselves of this would seem certain from the lunacy statistics. For the six years previous to the passing of the Act the average annual increase in the number of lunatics in the county and borough asylums was 960, while for the six years subsequent to the passing of the Act it was 1,450. During the same periods the average annual increase in the workhouses fell from 233 to 183. The latter decrease is still more significant if read by the light of the increasing population of the country and the increase in the number of the registered insane. The same result is shown by comparing the number of those living with their friends before and since the passing of the Act. In the former there was an average annual increase of twenty-seven, in the latter the increase fell to five.

The weekly rate is divisible as follows :—

					County Asylums.	
					<i>s.</i>	<i>d.</i>
Provisions	.	.	.	.	3	5 ⁵ / ₈
Clothing	.	.	.	.	0	8 ¹ / ₂
Salaries and Wages	.	.	.	.	2	4 ¹ / ₄
Necessaries	.	.	.	.	0	11 ¹ / ₄
Surgery and Dispensary	.	.	.	.	0	0 ³ / ₄
Wines, etc.	.	.	.	.	0	0 ³ / ₈
Furniture and Bedding	.	.	.	.	0	4 ¹ / ₄
Garden and Farm	.	.	.	.	0	6 ³ / ₈
Miscellaneous	.	.	.	.	0	4
					<hr/>	
					8	9 ⁸ / ₈
Less Cash Sales	.	.	.	.	0	2 ¹ / ₄
					<hr/>	
					8	6 ⁷ / ₈

The above table needs but little explanation. The 3*s.* 5½*d.* which the provisions cost includes the diet of the subordinate officers attendants, nurses, and domestics, and in one or two of the older asylums also that of the medical superintendent.

The clothing rate includes the uniform of the attendants, nurses, and domestics. Salaries and wages come next to provisions in amount; then follows the charge for necessaries, which includes all such things as coal, light, soap, brushes, etc.

The medicine bill does not amount to much, as everything is purchased wholesale, and the prescriptions invariably made up in the asylums.

“Wines” include spirits and porter used as medical extras.

Furniture and bedding need no explanation; and the charge for the farm is made up of the wages given to the farm bailiff, all the farm servants of whatever description, a certain proportion of the wages of the attendants who accompany the patients when working on the estate, and all cash purchases made on behalf of the farm.

If reference were made to individual asylums it would be found that much difference exists in the farm rate, and this is owing to the adoption of different methods of keeping the accounts. It is not of any importance, except that it affects the apparent cost of provisions; and to arrive at a more correct estimate of this it is advisable to add the “farm rate” to the “provisions”. Even this, however, would not be quite accurate, because the cash sales from the farm would slightly disturb the calculation.

“Miscellaneous” may be taken to mean carriage of goods, travelling expenses, postage, stationery, entertainments for the patients, etc.

The above table refers to county asylums only; and if we glance at the borough asylums we find that the average weekly cost is 9*s.* 10¼*d.*, and that the increase chiefly falls under two heads—namely, provisions at 3*s.* 7¼*d.*, and salaries 2*s.* 8½*d.* The fact that the provisions are higher in borough asylums is not easily accounted for, unless it be that buying in smaller quantities entails a loss. The salaries and wages must necessarily be higher, because the officers’ salaries are distributed over a smaller number of patients, and not, as might seem at first sight, that the officers were better paid; indeed, the salaries are usually much lower.

A small asylum cannot be warmed and lighted for the same cost *per bed* as a larger one. Incidentally we may remark that these

facts favour the conclusion that asylums of a certain size must be more economical than smaller ones—a subject which is fully dealt with elsewhere.

We have thus given the sources of the incomes of English county and borough asylums, and to arrive at the amount of the income it is merely necessary to find the weekly charge to the unions for patients in the asylum, and multiply this by the average number resident. When the asylum receives out-county and private patients, something must in the first instance be added for the profits obtained from these ; but as such profits are, or ought to be, handed over at the end of each quarter to the building account, the said profits will not affect the income so far as maintenance is concerned, except that within certain limits the extra number of patients means a somewhat lower union rate.

The lunatic hospitals are in some cases offshoots from the general infirmaries of the towns near which they are situated, as in the case of St. Andrew's, Northampton, or they have sprung into existence on their own account as charitable institutions, such as The Coppice, Nottingham. In both these cases the income is derived from three sources—1st, by the charitable donations received from time to time ; 2nd, by the interest received from the investment of bequests ; and 3rd, by the reception of paying patients.

It not unfrequently happens that these payments are greatly in excess of the average weekly cost of maintenance, and thus the paying cases are subjected to a tax more or less voluntary, so that the poorer classes may be kept in the hospital. So far so good, or at least some justification may be pleaded for the tax on the remunerative patients. But of late there has been a very decided upward tendency in the charges for admission into these hospitals, and, curiously enough, a corresponding difficulty is experienced in obtaining admission for poor and really deserving cases. As a natural consequence, the county asylums are constantly having applications made to them to receive patients who ought to find accommodation in these lunatic hospitals, because these institutions were specially founded for poor and deserving as opposed to pauper cases.

The character of these lunatic hospitals is being gradually changed, and, in spite of some instances to the contrary, they are degenerating into asylums for remunerative paying patients of a speculative nature, and do not differ from the proprietary private

asylums, except that they are actually or nominally managed by a committee, and that the profits do not enrich anyone.

In their report for 1881 the Commissioners in Lunacy remark that "few patients are received into hospitals at low or moderate rates. Accommodation of a very good kind can be, and is, provided in many licensed houses for 30s. weekly, and we regret that more provision for the middle-class is not made at that figure, or still lower, by institutions originally founded as charities for the insane. Some of these hospitals are very flourishing; others are, we believe, the reverse. Some are making large profits, but these profits appear too often to be expended, not in the extension of provision for cases only able to meet moderate payments, but in accommodation calculated to attract the wealthier class who are not in the same strait for suitable asylum accommodation, care, and treatment."

This is a very good passage—a clear statement of facts; but the Commissioners do not state the remedy for the evil—a great evil, truly, for it would seem that in the year 1869 seven per cent. of the patients were received gratuitously, forty-two per cent. paid less than 21s. a week, seventy per cent. less than 31s. 6d., and twenty-one per cent. more than 31s. 6d. weekly. Contrast this with what pertained in 1881. Only five per cent. were received gratuitously, the number paying less than a guinea had fallen to twenty-five per cent., those paying less than 31s. 6d. had fallen to fifty-two per cent., while those paying above 31s. 6d. had risen to forty-one per cent. ! An increase of nearly fifty per cent. in the admission of remunerative paying patients is the strongest possible condemnation of the present management, and needs no comment.

The annual incomes of the lunatic hospitals and the weekly cost of maintenance were as follows :—

Hospital.	Annual Income.	Weekly Cost of Patients.
Manchester . . .	£27,575	£2 2 8
Wonford House, Exeter . . .	11,696	1 9 6
Barnwood House, Gloucester . . .	15,830	1 19 8
Lincoln Lunatic Hospital . . .	5,079	1 8 2
St. Luke's, London . . .	12,980	1 0 0
Bethel Hospital, Norwich . . .	3,919	0 15 4
St. Andrew's Hospital, Northampton . . .	37,528	1 11 8
Lunatic Hospital, Nottingham . . .	7,153	1 9 11
Warneford Asylum, Oxford . . .	6,032	1 2 5
Coton Hill, Stafford . . .	14,551	1 13 7
York Lunatic Hospital . . .	12,311	1 0 4
Friends' Retreat, York . . .	15,768	1 12 11

At Bethlehem the weekly cost is £1 14s. 7d., at the Earlswood Idiot Asylum it is 17s. 7d., and at the Royal Albert Idiot Asylum 12s. 4d. ; the higher numbers in the latter doubtless accounting for the lower rate.

In some of these hospitals there has of late years been an increase in the weekly cost, and in others a decrease, but the average would be a shilling or two higher.

In their report for 1883 the Commissioners in Lunacy state that the hospitals contained 2,999 private patients, and that Bethlehem, St. Luke's, Warneford, Norwich, and Lincoln are those which best deserve to be styled charitable institutions.

Speaking of the hospitals generally, the Commissioners add that the complaints made by patients "are at least as numerous as those by patients in proprietary establishments, but during the past twelve months none of any importance have been substantiated."

The licensed houses, or private asylums, as they are commonly called, are maintained entirely by the payments made by the patients. These payments vary greatly. In some, patients will occasionally pay as high as £1,000 a year, or even more. In others a guinea a week will suffice.

Those private asylums within the metropolitan district are licensed by the Commissioners in Lunacy. Some of these licensed houses are of large size, containing 450 beds or more, and many of them receive paupers as well as private patients. Such are Bethnal Green, Camberwell, Hoxton, Peckham, and Bow houses.

Private asylums beyond the metropolitan district are licensed by the county magistrates. In all, there are ninety-six of these private asylums, thirty-four being licensed by the Commissioners and sixty-two by the county magistrates, and nearly 5,000 patients are confined in them. It is not, of course, possible to give an estimate of the cost of maintaining patients in these establishments, but there is reason for believing that an institution with fifty beds and upwards can be worked at a good profit if the inmates pay on an average £2 2s. and upwards.

THE COMMITTEE OF VISITORS.

The management of the county and borough asylums is vested in the visitors nominated by the County Council of their respective counties or boroughs. The visitors are appointed for a year only ;

but as names are never, or almost never, withdrawn except on the wish of the visitor himself, it follows that the committee of any particular year is of very much the same constitution as its predecessor. Thus frequent changes in the governing body are avoided. At the first meeting in the year a chairman and the clerk to the visitors are appointed ; but here, again, it is a purely formal election, as, unless the chairman or the clerk to the visitors wishes to retire, it is the usual custom to reappoint them.

The first duty of any committee of visitors of, say, a new asylum is to appoint their medical superintendent ; and upon the exercise of a wise judgment in this election depends for the most part the success or failure of the institution, either as an hospital for the insane, or as an economic receptacle for the incurable. This appointment once made, it is almost invariable in provincial asylums to allow the chief officer to appoint the entire staff of attendants, nurses, and servants. The superior officers, as will be noticed further on, are either appointed directly by the superintendent, acting in the name of the committee, or by the committee on his nomination.

The committee of visitors are allowed to make any rule for the government of their asylum not inconsistent with the Lunacy Acts, and rules for the guidance of the staff are from time to time promulgated and revised. A fair idea of those most generally in use may be gathered from a perusal of the duties of the various officials which are subjoined.

In county asylums the committee of visitors present to the County Council a report after the 31st day of March in every year. This report describes the state and condition of the asylum, and also contains a statement as to the sufficiency of accommodation, the management, the conduct of officers and servants, the care of the patients, and a statement of the finances.

As the same points have to be dealt with year after year, it naturally follows that there is a sameness in the reports to County Councils, one year's report reading much like another ; but this sameness is much preferable to any dissertation on the part of the committee on medical or semi-medical details of the treatment of the patients. A bare record of facts is the most desirable form for all purely legal and formal reports to take. Anything approaching the educational and suggestive is apt to be out of place. Such documents should be printed separately.

Two of the visitors are required to inspect the asylum together,

and, as far as possible, to see every patient in it. This duty must be performed at least once in two months, and in most asylums it is performed monthly. Sometimes there is a regular visiting rota arranged at the first meeting of the year; sometimes the visitors for the month are appointed at the previous meeting; and sometimes there is no regular nomination, the asylum, in the latter case, being inspected by such of the visitors as may attend the meeting. These meetings are usually held monthly; in some, six or eight times a year; and in one or two quarterly only. After the minutes of the last meeting have been read, it is customary to take the superintendent's diary, in which is detailed from day to day the admissions, discharges, deaths, serious accidents, and everything unusual which may have happened in, or in connection with, the asylum, such as suggestions for alterations and improvements, dismissals, resignations, and engagements of attendants. After, or immediately before, the discharge of recovered patients takes place, each patient is brought to the committee-room, and interrogated by the committee as to the treatment he has received while in the institution, and, upon the written recommendation of the medical superintendent that the patient is fit to be discharged, the signatures of two of the committee are appended, and the recovered patients leave the asylum within one week. Any three of the committee may, if they see fit, order the discharge of any patient in the asylum without the recommendation of the medical superintendent; but this clause is seldom, if ever, acted on. Still it is a sensible provision, for, in the event of any medical officer wishing, for any reason, to detain a patient unnecessarily, it allows the committee to take the matter out of his hands entirely.

Another clause, rarely acted on in some asylums, but common enough in others, is the 53 Vict., cap. v, sec. 79. This sanctions the discharge of any patient, no matter how insane he may be, provided some relative or friend of the patient sign an agreement that he will be responsible for him, and prevent him injuring himself or others, or becoming chargeable to any union or county. We look upon this as one of the most useful of all the clauses in the Lunacy Acts. When it is carried into force, it fully disabuses the minds of the people that an asylum is a prison, involving a life-long residence, unless recovery have taken place. When this clause is used, it is customary for the committee to have before them the person signing the undertaking, to have its legal aspect carefully explained by the clerk to the visitors, and, further,

the visitors have to feel satisfied that the person signing is capable of carrying out the provisions of the undertaking. For still further satisfying themselves on this point, an excellent system prevails in one county asylum, namely, to have also the consent of the Board of Guardians to the discharge, and an opinion stated by the Guardians that the person signing is able to fulfil the agreement.

After the discharge of patients, the register of admissions, discharges, and deaths, is examined and signed, and in some asylums each order of admission is individually examined and initialled by the chairman. The case-book and medical journals are placed on the table, and the case of any particular patient may be referred to and explained by the entries therein. The Requisition-Book is produced, and the articles required are ordered to be purchased. The Report of the last inspection by the visiting committee is read, and recommendations, if any, attended to. Should deputations of any of the Boards of Guardians or the Commissioners in Lunacy have visited the asylum since the last meeting, the reports and entries left by them are also laid on the table. The tradesmen's bills are then produced ; they are gone through by one of the visitors, while a list of the sums is read by another, and the chairman signs the cheques for the various sums due. Before being presented to the committee these bills are first of all examined by the clerk of the asylum, and by him compared with the invoices. They are subsequently gone through by the medical superintendent, and initialled by him. No error is likely to escape detection, as there are so many checks.

It is required by the 53 Vict., c. v, s. 173, that the accounts of the asylum shall be examined annually by the visitors. The Act does not seem to permit the delegation of this duty to anyone else, nevertheless we have every reason to believe that in more than one of our county asylums it is delegated either to a professional auditor or to the clerk to the visitors. The visitors also, from time to time, fix the weekly rate to be charged to the unions ; and the sum fixed on has to be sufficient for the maintenance, medicine, clothing, care, and officers' and attendants' salaries and wages. But to apply any profits arising from out-county or private patients to reduce maintenance, as is done in a few asylums, is a proceeding infringing the Act.

The above constitute the chief duties which the visitors have to perform at every one of their meetings ; but there are nearly always incidental questions on the agenda-paper which have to be thoroughly understood before being put to the vote. Such, for

instance, as proposed additions or alterations to the asylum fabric, increase in the number of the staff of officers, or increase to their salaries. The wages of the attendants and nurses are usually increased by such annual sum as may previously have been fixed upon by the committee, and the necessary period of service sanctions the increase, unless some strong reason to the contrary exists ; while with the officers' salaries a distinct application has to be made through the medical superintendent, and in each instance a vote taken on the application.

Once in three or six months, as may be the prevailing custom, the tenders for the supply of such articles as are usually bought by contract are submitted to the committee, and a decision arrived at as to whose tenders should be accepted. This system of tendering is by no means wholly satisfactory, as it is evident that, unless the article tendered for remains at a stationary price, either the contractor or the buyer suffers. It is difficult to see what could be substituted for it. Buying in the open market has so many obvious objections that it could not safely be introduced ; and the other alternative of employing an agent would seem to put an extra five per cent. on the article consumed. The old system is therefore likely to hold its way until a better can be invented.

The duration of the meetings of the committee will depend partly upon the amount of business to be done, but chiefly on the disposition and ability of the chairman, and also, to a considerable extent, on the number on the committee. A board of ten or twelve will nearly always command a quorum sufficient for the ordinary work ; and a whip will bring others up in the event of anything extraordinary being on the notice-paper. There is something to be said in favour of Sydney Smith's model committee of three, where two were always absent ; but, taken as a whole, there can be no doubt that the visitors of our provincial asylums have admirably discharged their duties, and we believe the County Council delegates are walking in the footsteps of their predecessors.

THE CLERK TO THE VISITORS.

The 53 Vict., c. v, s. 176, requires that the committee of every county and borough asylum shall appoint a clerk. The appointment can only be made for one year, but, as already stated, this annual appointment is a purely formal one.

The clerk to the visitors is not, strictly speaking, an officer of

the asylum, but it is convenient to speak of him as such. He invariably follows some other calling, and is almost always one of the leading solicitors in the town near which the asylum is situated. His duties are extremely light, and consist simply in attending the regular meetings of the committee, whether held monthly or quarterly. At these times he reads the minutes of the previous meeting, and takes down a note of the proceedings of the present one. When any legal question crops up he explains its purport, and, in short, he should be the legal adviser of the committee on all matters having a legal relation.

When the visitors enter into any contract with a builder for the enlargement of the asylum, or with the visitors of any other asylum for the reception of patients, he prepares the necessary documents and represents the committee in all such transactions. He transmits to the Commissioners in Lunacy a copy of the Report which the visitors present to Quarter Sessions; and similarly all documents requiring the approval of the Secretary of State are sent by him to the Commissioners. He also sends the notices convening the meetings of the visitors, which notices have to be posted eight days before the meeting is held.

It seems that the visitors may appoint anyone, whether solicitor or not; and in one or two asylums the post is actually held by the clerk of the asylum—an arrangement that we feel bound to express the very strongest disapproval of. At the meetings of the visitors no officer should be present save the medical superintendent. It is absolutely essential for the welfare of the institution that the proceedings in the committee-room should be known to the superintendent only; and the Lunacy Acts should have provided that if the visitors appoint an asylum-official as their clerk, that official should be their medical superintendent and no other.

As the duties of the clerk to the visitors are almost of a nominal nature, so the salary given takes the place rather of an honorarium than of a salary; hence we find that from £50 to £80 per year is the ordinary sum, this being something like a fee of £5 5s. or £6 6s. for each monthly attendance.

In a few of the metropolitan asylums the salaries of the clerks to the visitors rise to £250, and we believe even to £400 a year; but what duties can be attached to the post to necessitate the payment of such amounts, not even the faintest conception can be formed by the present writer, although his acquaintance with asylum management has been long, and obtained in more than one institution.

THE MEDICAL SUPERINTENDENT.

The position occupied by the medical superintendent in the administration of county, borough, and other large public asylums in the United Kingdom varies greatly. In all he is regarded as the chief resident officer; but there is much difference in the extent of control exercised by him over the other officials and in the part taken by him in the general management. In most, if not in all, of the provincial county asylums the medical superintendent is charged with the entire management of the institution in all its departments. He should be an *ex officio* member of the committee, sitting throughout all the meetings, but not voting. The other officers are appointed either directly by him or by the committee on his recommendation, and, in cases of misconduct, power of suspension until the next meeting of the committee is placed in his hands. The appointment and dismissal of the subordinate staff of attendants, nurses, and domestics rest entirely with him, it being only necessary to report the appointment or dismissal to the committee. He alone makes reports to the committee at their periodical visits. He is thus armed with great power, and, of course, has a corresponding amount of responsibility. Beyond doubt, it is this union of power and responsibility which has brought the majority of our English provincial county and borough asylums to their present high degree of efficiency, and wherever the power entrusted is restricted, or the sense of responsibility limited, there is the greatest danger, if not the absolute certainty, that retrogression will take place. An asylum, like everything else in this world, never remains stationary, and if not advancing it is sure to be falling off. The position of a medical superintendent should closely resemble that of a captain of a man-of-war, and careful indeed should be the choice of the committee in the man selected for the work. Happy are the managers who feel that the power is safe in the hands of their chief officer, and wise is that officer who feels alive to the responsibility he incurs.

The subordinate officers are each and all held responsible by the medical superintendent for the efficient working of their several departments, and he in his turn is responsible to the committee of visitors for the successful management of the whole. In asylums which are worked upon this system all orders for provisions, clothing, and indeed all materials of everyday use, are signed by this

officer, who thus, as long as he enjoys the confidence of the committee, is free to obtain whatever he considers desirable for the institution, feeling certain that his action will be afterwards endorsed by the governing body. The management of the farm, garden, water-supply, drainage, laundry, gas-works, brewery, etc., all devolve upon this officer. He is, of course, assisted in each department by officials possessing special knowledge of the duties, but he assumes the whole responsibility for efficient administration of all; the only restraint exercised over a good superintendent under this system are in the interests of economy. In this economy the interest of the medical superintendent is identical with that of the committee and of the ratepayers, therefore extravagance is not likely to take place. To be successful in all this it is evident that a man must possess most varied attainments, great special and general knowledge, excellent judgment and tact, an even temperament, and a judicial habit of mind. It is undoubted that the best and most economically managed asylums have been and are worked on this system. Success or failure depends upon one man; and it follows that an asylum thus administered is successful as an institution just in proportion as the medical superintendent is fitted by nature and by his attainments for the post he occupies, and no one not so fitted should fill the post. When failure happens it is at once detected, and the proper remedy may be applied in time. When an opposite system is pursued, any particular department may be in a hopeless state, and remain so for a longer or shorter time as surrounding circumstances may dictate. Nay, it is more than probable that when one department begins to fail another and another follows and countenances it in its degeneration; just as in the animal economy one diseased organ will countenance another, keeping pace with it in its downward march. In order successfully to supervise any particular department—say, farming—it is not essential that the superintendent be an experienced farmer, and yet he must know something of farm operations; but he must exercise judgment and discrimination in appointing the farm bailiff and other subordinates, and in deciding for or against plans of action suggested by them, and in accepting or rejecting the opinions of those who may have more technical knowledge than himself.

The strongest argument in favour of appointing a medical man to preside over all departments in a lunatic asylum lies in the fact that the treatment of insanity consists admittedly as much, or

more, in the suitable adjustment to the patient of his everyday life and surroundings than in the unaided administration of drugs, and yet the latter must never be forgotten in the treatment. The best treatment of insanity will, therefore, consist in a combination of the latter with the hygienic treatment, using the word in its widest sense. Some of the most important matters to be considered in connection with it are the light and atmosphere by which the patients are surrounded, the furnishing and decoration of the rooms they inhabit, the diet with which they are provided, the clothing they wear, the persons they associate with, and the occupations or amusements in which they are allowed or encouraged to join. No one could be better capable of favourably adjusting these various conditions to the environment of the insane than a well-educated man who has given special attention to the subject; and when it is remembered that in all pauper asylums the patients are employed in almost every department of work which is carried on in the institution, it is plain that the medical superintendent must be, to say the least, hampered in making those arrangements he considers desirable, unless he possesses complete control over the departments in question.

From an economical and financial point of view also this system possesses certain advantages; the chief of these is that the subordinate officers who preside over their respective departments, under the medical superintendent, do not require to be paid such high salaries as would be given to more responsible officials. By working a large public institution with only one highly salaried official at the head of it, a considerable saving is effected under the head of pensions as well as salaries.

Provided the medical superintendent be thoroughly capable there is every reason to believe that the general administration can be carried on under this system more economically than under any other; while the solicitude felt by this officer for the welfare of his patients will generally prevent economy being practised at the expense of efficiency.

For some years past there has apparently been a tendency of the Visiting Justices of a few of our public asylums to take the management and administration of these institutions more and more into their own hands. This may have been due in some cases to real or suspected incompetency in the medical superintendent, but it has probably more often arisen from a belief that in this way a more rigid economy may be practised, and more thorough efficiency

secured in the non-medical departments. This system has been more especially carried out in those asylums situated in or near London, if, indeed, it be not altogether confined to them, and it may not inappropriately be termed the metropolitan system. Pursuing this system, the committee administer the non-medical departments of the asylum in conjunction with the officers, such as steward, matron, engineer, presiding immediately over their respective departments, the medical superintendent being consulted to a greater or lesser degree in different cases. Each of the above-named officers, and sometimes others, make special reports to the committee at their periodical visits, either through the medical superintendent or sometimes independently of him. Each of the officers thus becomes to a greater or lesser extent independent of the medical superintendent, and may even exercise to a certain extent co-ordinate authority with him. The medical superintendent still remains the chief resident officer, and in the event of any emergency occurring during the intervals between the meetings of the committee he can call upon any officer to act in any way he considers desirable for the welfare of the patients or asylum. Beyond this, in some asylums at least, he does not take part in the administration of the non-medical departments, except in matters directly affecting the management and care of the patients. This system has the advantage of allowing the medical superintendent more time for studying his cases, and attending to strictly medical details; but this advantage is more apparent than real, and it is counterbalanced by so many positive disadvantages that it can hardly be entertained at all in debating the question. Indeed, it has never been shown that the patients in these asylums do get more medical care and better treatment than in those provincial asylums managed, as we think, on more correct and harmonious principles.

The other system, too, nearly resembles that of a body without a head, or with a head absent when it is most wanted. Conolly thus speaks of it: "In such asylums the committees supply, or ought to supply, the office of superintendent or governor. Committees vary so much in character, and are sometimes even so remarkably modified for a time by the predominating influence of some one individual, that what may be said with perfect truth and justice of a committee in one year may be inapplicable to it the next." The system whereby reports are received from the subordinate officers is characterised by the same author as "essentially vicious"; and such asylums, "instead of possessing the stability and rational

liberty arising from the consistent government of one chief, acting according to something resembling a settled constitution maintained by a committee, are a sort of miserable republic, where nothing is constant but inconstancy, and nobody feels secure.” More recently, Dr. Lockhart Robertson has, in letters to the *Lancet*, strongly condemned the system, and it would seem that amongst medical superintendents there is a general consensus of opinion against it.

It would also seem that the system is by no means economical, as the Middlesex county asylums at Banstead, Colney Hatch, and Hanwell are 11*d.* a week above the average weekly cost per head of the county and borough asylums generally, wherein the average is 8*s.* 6 $\frac{7}{8}$ *d.*, the latter, too, having to include these very Middlesex county asylums with an average of 9*s.* 5 $\frac{3}{4}$ *d.*, and many small asylums in which the rate must necessarily be high, as salaries, wages, and necessaries have to be distributed over a small number of patients, making the cost per head seem large. Taking the average weekly rate of county asylums at 8*s.* 6 $\frac{7}{8}$ *d.*, and the Middlesex asylums at 9*s.* 5 $\frac{3}{4}$ *d.*, the extra cost means something like £17,000 a year. This calculation is based on the number of patients in the three Middlesex county asylums in 1887. In the Lancashire asylums, where an opposite system prevails, the weekly cost of maintenance is but 7*s.* 11 $\frac{1}{2}$ *d.* It is possible that other things, besides administration, may enter into the question and modify the weekly rate; but, after making all reasonable allowances, it would seem that in economy of management the Middlesex system is not a success, and we venture to predict that sooner or later it is destined to succumb to a better plan, the metropolis for once having to follow the provinces. Returning to the provincial system—a system which has raised the English county asylums to a higher pitch than has hitherto been reached by any hospitals for the insane in the world—we may note that many of them are marvels of order and regularity, of good management, and of success as curative institutions. They are institutions in which the pauper lunatic is placed among the best surroundings which may conduce to his recovery, or, where that is impossible, to his proper care and usefulness; and for all this the medical superintendents deserve the chief credit, supported, as they usually are, by committees of enlightened county councillors.

The sneer implied in the remark which we have heard, that these medical superintendents have to sign orders for such articles as broomsticks, hardly affects their position, and is, indeed, very harm-

less. It must always be remembered that it is not the performing of any duty whatever that is derogatory to honour, but the performing of that duty badly. It is for each man to act well his part; and where the subordinate officers of a provincial asylum understand their duties and take interest in them, where each is intent on his own duties, meddling not with another's, and where all look to the medical superintendent as their chief and support, the institution resembles a well-constructed piece of mechanism, which, when once set in motion, needs but a certain amount of regular attention to keep it working smoothly and successfully. There is no need for the various officers to clash in the performance of their duties, for those duties ought to be so arranged as not to overlap; nor is there much difficulty in so arranging them, except, perhaps, as regards those of the medical superintendent and the assistant medical officers; and even here, when the superintendent has a clear conception of the medical treatment which the patients are receiving, and when the assistant medical officer is judicious and trustworthy, there is not much to be feared.

Before detailing the duties usually allotted to the assistant medical officer, we may glance at the routine of daily work performed by the medical superintendent of any of our larger county asylums. Occasionally, between the hours of 6 and 8 A.M., he will visit the workshops or farm, or perhaps run through the dormitories or wards, or visit the dining-hall when the patients are at breakfast; but his regular duties may be said to begin by opening the morning letter-bag. This generally happens at 8.30 A.M., and about 9 o'clock he will be found in his office arranging the mass of correspondence lying before him. The letters from patients' friends are at once answered, and afterwards passed on to the assistant medical officer, by whom the answer is copied on to one of the forms used for conducting this correspondence. By this means the medical superintendent answers all inquiries from patients' friends, while the assistant medical officer is cognisant of the opinion which the superintendent has expressed concerning every patient, and a copy of this opinion is always forthcoming in case of its being wanted. When this is finished, the superintendent will be prepared to receive and examine the reports presented to him by the head-attendant and head-nurse. He notes the number of patients in the house, the number under medical treatment, the number employed, the number of epileptic fits recorded during the previous twenty-four hours, how the recent cases or any special cases have rested

during the night—in short, everything that has happened since the last reports were presented, and in his own pocket note-book he transcribes anything which he thinks needs further investigation or elucidation in consultation with any of the staff. The storekeeper then attends with the order-book, in which each order is countersigned by the medical superintendent, and instructions given as to the work to be done in the stores and shops. The housekeeper will be in attendance should anything be required in her department, and once weekly she presents a return of all articles received into the laundry and delivered therefrom. A glance at this is sufficient to show whether the extra soiled linen is in excess, and the ward from which it has been sent, and whether the number of articles delivered to the various wards has been sufficient to permit of the necessary changes of clothing on which depends so much comfort and cleanliness.

Later on, the clerk will hand in the copies of the orders of admission of recent cases, in which the statement of mental and bodily condition has to be entered previous to their being forwarded to the Commissioners' office. If any deaths have taken place, the certificates are filled in for transmission to the same office, to the coroner, the registrar, and the relieving officer.

It is almost certain that some special work will be on hand requiring the presence of the superintendent, or a visit may be made to some particular ward or part of the asylum, and so the time is occupied until the assistant medical officer has completed his round of the wards and reaches the superintendent's office, when the entries in the ward note-book are read, a consultation held, if necessary, and the treatment of the patients arranged. If there be no regular visiting-day in the asylum—and we are inclined to think there never should be any particular day set apart for this—he will most likely have to see the friends of any patients who ask for information concerning their relatives, and to many men this is a trying duty. It is curious to notice how often the friends of the insane are different from the majority of their fellow-creatures, how importunate they are, how difficult to satisfy, and how often the same thing has to be repeated before any impression is made.

The medical superintendent visits the wards daily and makes a complete round of the house, examining any special cases and conversing with those recently admitted. The sanitary condition of the buildings has to be thought of, and any defective ventilation, or warming, remedied. These visits of the medical superintendent,

should be made at irregular hours, so that his entry will be unexpected; and it is desirable that he should occasionally visit a ward twice, or oftener, within a short period, so that he can satisfy himself that the attendants and nurses are careful in the performance of their onerous duties, and that they do not relax their supervision over the patients entrusted to their care.

Post-mortem examinations are often made, and he will be present at them. The farm, too, will claim his attention, and a walk over it will be an agreeable change from his office and ward duties.

About six in the evening the superintendent will be again in his office to receive the reports, if any, from the heads of the male and female departments. He will post up his diary, and perhaps again visit one of the infirmaries or one of the receiving wards; or perhaps new patients have been admitted since he visited the wards, and these he will see, and leave instructions concerning their diet, amount of supervision necessary, and arrangements for their sleeping.

Such is a brief *résumé* of the duties which the medical superintendent has to face almost daily. To give a detailed account of his work would be scarcely possible and not desirable. It varies more or less from day to day, but it can never be looked upon as an easy life, as it is both arduous and responsible. It often happens that an hour or two, now and then a day or two, can be taken as relaxation from the routine; and in the matter of leave of absence the committee are generally liberal with their medical staff, recognising the fact that it is not beneficial either to the superintendent or to the institution that the strain should be too long supported without a break.

ASSISTANT MEDICAL OFFICER.

The duties which the assistant medical officer is called on to perform so closely resemble the routine of hospital or dispensary work that no previous special training is necessary. Indeed, many superintendents prefer men who come straight from the medical schools to the asylum, it being a common observation that such are more likely to develop into good officers, more readily fall into the ways of the institution, and, being young, a longer period of service is probable before a superintendency is obtained, too frequent changes in the office being thus avoided. The length of time which an assistant medical officer has to wait before he may

reasonably hope for promotion to a superintendency is very variable. Some few fortunate men have been known to succeed in three or four years, while others have waited twelve or fourteen. A fair average would be seven or eight years, and practically this is what a medical man entering asylum life has to make up his mind to. Committees are very properly cautious about appointing anyone to such a responsible post as that of medical superintendent of an asylum who is under thirty years of age, and the pensions clause in the Lunacy Acts makes them with equal propriety loth to appoint a man who has much passed his thirty-fifth year. Given, therefore, that a young physician obtains an assistantcy in one of our county asylums—and if wise he will only try at those asylums having good reputations—when fresh from college, say at twenty-three or twenty-four, he has fair ground for hoping that when he reaches thirty-two or thirty-three he may get an appointment which he has so long looked forward to.

It has been recently proposed that the title of assistant medical officer, especially in the larger asylums, should be abolished, and that of resident physician substituted. Further, that higher salaries should be given, and the incumbents allowed to marry. No harm, but possibly much good, would result from the first of these changes; for, in spite of the old saying, there *is* much in a name. Of course, it would be almost useless to make the change unless the asylum were large enough to require the services of two assistant medical officers, and it necessarily implies that the medical superintendent concerned himself chiefly with supervising the various departments of the asylum, not directly performing any more work in the wards than he would in the stores or on the farm. Under the present Lunacy Laws such a system could hardly be carried out, inasmuch as the statement of the mental and bodily condition of any new patient which is sent to the Commissioners' office within seven days, and all certificates of death, must be signed by the medical superintendent personally, as, when in residence, he cannot delegate this duty to the assistant medical officer. To perform it conscientiously, it is evident he must preserve a fairly intimate knowledge of his patients, or he must break the spirit of the Act by acting on the opinion of another man.

As to the other proposal, that the assistant medical officer should be allowed to marry, our own views are that no very positive rule would be possible or desirable on the point; further, than that no assistant medical officer should commence his asylum life as a

married man, but that, after a longer or shorter period of service, when he and the medical superintendent understand each other, and where the accommodation is suitable, the step is one with which we are in full sympathy. Unfortunately, however, the rooms which the assistant medical officers occupy, although for the most part admirable bachelor's quarters, are seldom such as would be convenient for married men; and as there is no falling off in the supply of candidates, and by no means unanimity among medical superintendents as to the desirability of married assistants, it will probably be some considerable time before the necessary accommodation is provided. In the meantime, the enforced celibacy is looked upon as a grievance, and this, coupled with impatience for preferment inherent in so many men, leads in some asylums to frequent, almost annual, changes in the office.

Anything that would lessen very frequent changes would be a real gain to all concerned in the management, and the suggestion of providing accommodation for married assistants in some of our large asylums is one well worth a trial. At the same time it must never be forgotten that the post is a subordinate one, and therefore it is not desirable that the service be too long. It would almost invariably be for the benefit of all concerned if the service were limited to five years, at the most, in any particular asylum; and as assistant medical officers frequently migrate, the total service as assistant might be about ten years. If a superintendency be not obtained then, it is assuredly better to try some other branch, as every year beyond ten reduces the chances of success. In the meantime we must take things as they are, and describe the duties performed by the assistant medical officers under existing conditions.

The chief duty is, of course, the medical care of the patients, and to this the greater part of the morning has to be devoted. As far as we are aware, there is no asylum in which the medical superintendent and assistant medical officer habitually visit the wards together, although in former days, when asylums had not attained their present gigantic proportions, such a practice was at one time not uncommon. It is one, however, that can under no circumstances be commended, inasmuch as two officers are engaged in performing work which could be equally as well, or, indeed, better done by one. Moreover, the assistant medical officer becomes merely a sort of clinical clerk to the superintendent, and his position in the house suffers in consequence; but as an occasional thing, or

in cases of serious illness, it is very desirable that both officers should visit together, and consult afterwards as to the line of treatment. In one or two asylums the medical visits are made by the superintendent and assistant on alternate days. But this custom also is one which has but little in its favour. If the asylum is too large to permit the medical work in the wards being properly done by one assistant, it is a reason for appointing a second one, and not for indulging in alternate treatment of patients, which can hardly be good for them. Taking, therefore, all things into consideration, and admitting that there are certain drawbacks, the best system, we feel assured, is that which is now adopted in nearly all our best asylums, namely, allowing the assistant to make the medical visits by himself, accompanied, of course, by the head-attendant in his visits to the male wards, and by the head-nurse in his visits to the female wards. It is customary to begin with the men, for the reason, among others, that the male patients who are employed on the estate can be seen before going out to their work.

In fixing the hours for these morning visits many things have to be thought over, but, having been once settled, they should be adhered to with absolute punctuality. This, although of great importance in everything connected with asylum management, is nowhere so essential as in the morning medical visits. Having previously looked at the night reports, the assistant enters one of the wards; the charge attendant is prepared to receive him; special cases are at hand ready to be examined; the slightest illness or accident is pointed out to him, and a note made of it at once. The receiving wards and the infirmary wards naturally claim the greatest share of attention, and most of the time is spent in them. In the latter there will be many under medical treatment, and during the winter months a considerable percentage will be bedridden. Over each bed should hang a card on which should be written the patient's name, the disease from which he is suffering, the treatment, diet, etc. This generally helps the medical superintendent in his visit, as it shows him at a glance the amount of personal attention he may deem necessary for the case to receive. On completing his visits to the wards it is usual for the assistant medical officer to meet the superintendent in his office and talk over with him the treatment of the patients, and mention anything unusual connected with the wards.

After this there will be dispensing and case-books to see to, the ward notes to enter, and, possibly, admission orders to copy. In

large asylums, where a junior assistant is on the staff, the latter somewhat unpleasant duties fall to his share of the work ; or in those cases where the assistants divide the work, one attending to the male department and the other to the female, then each officer does his own dispensing and case-books. In only a few of the very large asylums is a dispenser kept.

The admission of a new patient falls so much to the assistant medical officer that it may be best described here. On arrival at the asylum the order of admission is taken to the superintendent, who examines it carefully, notes the name of patient, and the union from which he has been sent. The order is then passed on to the assistant medical officer, or, preferably, the superintendent himself takes it to the receiving-room awaiting the arrival of the assistant medical officer, so that both officers see the patient before he is taken to the wards. Immediately after the patient has been removed from the waiting-room the assistant medical officer will endeavour to get as complete a history of the previous condition of the patient as possible from the relieving officer, or from the friends of the patient, who not unfrequently accompany him. Here there is often not a little difficulty. The friends often conceal most important things connected with the patient, and it is almost impossible to extract from them the admission that hereditary tendency exists, although it is but too well known that insanity is one of the most hereditary of diseases. Some relieving officers will try to procure as many particulars as possible, others take no pains in the matter, and very often nothing can be got beyond the answers required by the statutory questions. The relieving officer is not even bound to accompany the patient to the asylum. He must "remove or cause to be removed". This is unquestionably a flaw in the Act, and it should be compulsory for him, or some other responsible person, to deliver his patient to the asylum authorities. While the assistant medical officer is making notes of such information as can be obtained, the patient has been taken to the bath-room and undressed. Here he immediately receives a visit from the medical officer, who satisfies himself that no reason exists for exemption from the usual bath, and he examines the body for bruises or injuries of any kind. In the event of any injuries being detected, they are carefully described on a paper in duplicate and signed by the medical officer and relieving officer. The order and certificates ought now to be copied into the case-book, and, by the time this is done, the patient will have been bathed and put to bed,

in preparation for a thorough mental and bodily examination, the results being entered in the ward note-book and subsequently transferred to the case-book. The date of admission of the patient is pencilled on the order, and the order is at once sent to the clerk's office.

The assistant medical officer should be present now and then during meal-times of the patients, and an evening visit to the wards should never be omitted.

There is much monotony in these duties, a monotony very trying to some natures, but even in the larger asylums the work is never very hard, and the responsibility not great. There is always ample time for the careful study of individual cases, and for pursuing any particular branch of study which the incumbent has a fancy for.

Asylums are generally some miles from any town, and society is limited. Such appointments are, therefore, best suited for men of a studious turn, who need but few friends, and who have within themselves and their books their chief source of amusement. The salaries given vary greatly: some receive only £100 a year, one or two run as high as £250. Perhaps £150 may be stated as the average. Board and furnished rooms are all but invariable in addition to the salary.

During the absence of the medical superintendent the entire charge of the institution devolves upon the assistant medical officer, and, excepting on these occasions, no fiscal duties whatever should be performed by him. He thus becomes gradually accustomed to the duties and responsibilities of the medical superintendent's office. It is almost unnecessary to add that no one should ever be appointed medical superintendent who has not had special training as an assistant medical officer.

THE MEDICAL STAFF GENERALLY AND MEDICAL EDUCATION.

As the old prison idea of an asylum is vanishing rapidly from the minds of the people, and the keeper has given place to the attendant and nurse, so we hope soon to see all our county and other asylums bearing the name of hospitals for the insane. But by whatever name these institutions are henceforth to be known, it cannot be too strongly insisted on, or too constantly borne in mind, that they must ever and always be looked on as places

where a serious brain-disease is to be treated, and that it is the individual treatment, as opposed to the mass treatment, that marks the best asylum in our own day. It is further to be hoped that individual treatment will still more distinctly mark those of a succeeding age.

Now we do not mean to say that the vast majority of the inmates of our county asylums, at any given time, are not hopelessly insane. We do affirm, however, that recovery does, every now and then, take place in patients deemed incurable. Therefore, apart from cases of undoubted cerebral degeneration or alteration of tissue, together with certain sufferers from senile insanity, we maintain that no such paralysing word as "hopeless" or "incurable" should be heard. And even in the worst cases of all, there is always much to be done to alleviate and smooth the downward march to the grave.

A generation since it was a part of the common creed of medical men that phthisis pulmonalis had to be classified among the opprobria of medicine. Now every physician sees many cases of cures. May we not, therefore, venture to hope that the worst forms of so-called mental diseases, even general paralysis itself, may one day have light shed upon their causation and prevention, perhaps even upon their cure? But nothing of this is likely to happen unless the medical staff in our large asylums make it a matter of duty to investigate each case as it is brought before them, to try their best to grasp all the varied facts in connection with the past history of each patient, and, above all, to treat the patient throughout his whole asylum residence as an individual, and not as part of a flock. It is not the sharp, clever summing-up of such and such a case—not his quick dismissal to join the sheep on one side, or the goats on another—that marks the best type of asylum medical officers, but rather the patient inquirer, the man who hesitates before giving a decided opinion one way or the other, and who only pronounces the word "incurable" after the most painstaking investigation and exhaustive treatment.

In patients suffering from chronic mania and dementia, it is by no means uncommon to find a great lightening of the mental faculties takes place either before death or when any serious inter-current bodily disease manifests itself; more especially, perhaps, is this the case in anthrax and similar affections. Sometimes a lasting cure has been known; and, although far more frequently the disappearance of the secondary disease means the reappearance of

the original one, such phenomena should imbue the asylum physician with an element of faith, and lead him to hope much from future discoveries. "*Nil desperandum*" should be his motto.

Nothing is more likely to induce and stimulate a careful clinical study of insanity on the part of the medical staff than the necessity of having to communicate the results of their study to others, and hence we hold the extreme importance of every institution for the insane being made a centre of clinical teaching. No doubt, in many of our county asylums, situated far from large towns, such a course is well-nigh impossible; but we may state with absolute certainty that, even in those large asylums more favourably placed, little or nothing has been done in this direction. There is scarcely a county or borough asylum that could not admit a few medical students or recently qualified men as clinical clerks. Such an example was instituted at the West Riding Asylum with the happiest results. The patient reaps the benefit derived from a closer study of his disease; the student gains knowledge sure to be useful to him in after life, and the county is saved increasing its paid medical staff. Why is it, then, that the Wakefield example has not been followed, except in a few instances? One important point in the fitting up of all asylums is a pathological-room. It should be well equipped with microscopes and all necessary appliances. Here the medical staff should often find occupation, and meet to discuss their cases and compare notes, or embark in that study of diseased brains from which so much may be looked for in the future.

We do not think much of the different classifications of insanity. At the best they are only useful for the sake of description, and not always for that. A case of mania to-day may be melancholic to-morrow. A general paralytic will go through every phase of insanity, ending at last in a blank absence of mind. But whatever system be adopted, whether Pinel's or Skae's, or any of the numerous modifications of these, let it be pursued and held to with that amount of care and zeal which everything connected with asylums demands.

Except in the Middlesex asylum at Hanwell, the English county asylums have only one medical superintendent, and the proportion of assistant medical officers is one to about 430 patients; but, as all county and borough asylums have at least one medical assistant, and as many of the borough asylums have under 400 beds, it follows that in some of our county asylums there will be

considerably more than 430 patients to one assistant medical officer, while the borough of Ipswich and the East Riding of York, with less than 300 beds, have each one. Carmarthen, Gloucester, and Norfolk seem to be the highest in point of medical staff. The first has two assistant medical officers to 560 patients; the second has three to 782; and the third has two to 719. With so much time at their disposal, we should naturally look for the development of much scientific work in these asylums. Four public asylums have clinical assistants, namely, West Riding, Birmingham, St. Luke's, and Bethlehem. The lunatic hospitals are better manned, numerically at least, as regards their medical staff, than the county and borough asylums. Wonford House, Exeter, with 130 patients, has one medical assistant; Barnwood House, Gloucester, two to 173 patients; Warneford House, Oxford, one to 73; Coton Hill, Stafford, one to 150; St. Andrew's Hospital, Northampton, and Bethlehem, London, each, two to 300.

MEDICAL EDUCATION.

How asylums may best be made to serve the ends of medical education is a question of the greatest importance. It is intimately associated with the proper utilisation of the vast material for clinical and pathological investigation which exists in these institutions.

A difficulty presents itself at the very outset; for it cannot be expected, it would indeed not be justifiable, for the committee of visitors to pay for the services of a pathological teacher or investigator. It is certainly no part of the duty of any committee to endow research in this way; therefore the directions in which we must look for improvement are in the appointment of unpaid clinical assistants, and in the steady work of the medical staff already in existence in all our asylums.

Even the hardest worked of asylum medical assistants, whoever he may be, has much time on his hands after his ward duties and case-book keeping are finished; and, if he so willed it, might devote several hours daily to original research, and if helped in his work by clinical assistants, and overlooked and directed by the medical superintendent, doubtless much good work might be done; at least certain experiments might be made, certain lines of treatment might be carried out, and careful records might be kept. Foot-prints might be left in the asylum sands to cheer some future

explorer in his dreary march across the strange field of mental physiology and pathology. As stated above, four asylums have clinical clerks ; and some means should be devised to induce other asylums to follow this good example. These clerks are usually recently qualified practitioners, and are provided with board and lodging, but receive no salary. They are appointed for a definite period, which is usually limited to six months.

Where an asylum is situated in or near a large town, especially if the town possesses a medical school, there is no reason why it should not be made a centre of clinical teaching, and this has been done to a certain extent. The medical superintendents of Morningside, Gartnavel, Newcastle, Wakefield, Colney Hatch, Hanwell, Birmingham, Bethlehem, and probably of other asylums, have all been appointed teachers in medical schools, and have made their asylums, to some extent, schools of psychological medicine. It is not to be expected that any large number of our county asylums will become centres of medical education in the same sense as general hospitals are. The latter are almost invariably formed in populous districts, while the former are just as invariably in the country. How could the Durham County Asylum, the Sussex County Asylum, or the Whittingham Asylum, ever become medical schools when they are eight, twelve, and six miles from a town ?

Assuredly, however, resident clinical clerks might be received into many, if not all, of our county asylums, provided there was accommodation for them. But, then, it very rarely happens that an asylum has rooms which could be set apart for this purpose. Indeed, it often happens that the assistant medical officer has nothing but his sitting-room and bedroom : and there are but few committees of visitors that would sanction the expenditure of money to provide accommodation for clinical clerks, unless they could be satisfied that such an expenditure was necessary for, or would ensure, the better care and treatment of, the patients in the asylum ; and it must be admitted that this is the right way to look at the question. The ratepayers must not be subjected to taxation on the chance of pathological research leading to some discovery, or even for the certainty of giving a certain number of young gentlemen a better insight into their profession. It would be just as reasonable to use the rates for the purpose of teaching them law or theology.

THE CLERK.

The offices of clerk and steward are in some of the older and smaller asylums held by the same man, but, unless the asylums have been specially designed so that the clerk's office and general stores adjoin each other, it is clearly impossible that both can be properly looked after ; and the more modern system of employing two officers, each having entire charge of his own department, is an arrangement greatly to be preferred. We therefore mention the duties usually devolving on the clerk of a well-ordered asylum.

The most important part of his work consists in keeping the accounts of the sums due from the various unions, and sending in the accounts to the clerks to the guardians. As all these accounts must be absolutely accurate, it is evident that time and care have to be expended on the work : a single error would entail much trouble and correspondence.

Another duty of much importance is transmitting to the Commissioners' office a verbatim copy of the order of admission of each patient. This has to be done within seven days if a pauper, and within one day if a private patient.

In case of the death of a patient statutory notice of death has to be sent to the Commissioners in Lunacy, to the coroner, to the registrar of the district, and to the relieving officer of the union to which the patient belonged. It is also customary, but not compulsory, to send a notice to the clerk to the guardians.

In like manner a notice of discharge of a patient has to be sent to all the above, except the coroner. In the event of escape or recapture of a patient, or of the dismissal of an attendant or nurse, to the Commissioners only. For neglecting any of the above duties it is provided by the Lunacy Acts that a fine not exceeding £20 can be imposed on conviction.

Another important piece of work falling to this officer is examining the invoices of the goods supplied to the asylum. The provisions, etc., are ordered by the steward or storekeeper, and each order is accompanied by a slip, which the tradesman fills in and returns with the goods. These slips are sent to the clerk's office weekly by the storekeeper, and are carefully compared with the quarterly bills.

The clerk further takes stock once in three months in the male wards, and absolutely everything, with the exception of flowers and

plants, is counted and entered ; and so carefully is the stock looked after by the charge attendants, that in some asylums there is little left to be desired. In one asylum, with which we are acquainted, it is no uncommon thing for the ward stock to be exactly correct in half of the wards, and, perhaps, not more than three articles missing over the whole male department of an asylum with upwards of 300 male patients.

The storekeeper's stock is also taken quarterly by the clerk, and this duty alone is a sufficient reason for dividing the work, as it would be plainly quite useless to ask an officer to take stock of articles of which he himself had charge.

All the staff of artisans, attendants, nurses, and domestics are paid by the clerk weekly, monthly, or quarterly, as may be the custom of the asylum.

In many of our county asylums it is a common thing to allow the clerk to have a patient to help in the purely clerical—or, rather, copying—part of his work ; and, although custom has sanctioned this practice, we do not think it is one which can be altogether approved of.

Further duties consist in making three copies of the biennial return of the patients, one copy being sent to the Commissioners' office, one to the Clerk of the Peace for the county, and one laid before the visitors. Schedules referring to criminal lunatics are also got out by the clerk for transmission to the Commissioners, and occasionally other returns are asked for. During the preparation of the annual report some extra work falls to the clerk's share, as he is expected to draw out many of the tables and statistics accompanying the report.

In county asylums, where private patients are received, there is a greater increase of work than the mere number of patients would at first sight lead one to suppose. This is because separate ledgers and accounts have to be kept, and quarterly bills sent to each patient's friends for the sums due for maintenance, clothing, etc.

The following is a list of the books usually kept by the clerk of a county or borough asylum :—

1. General ledger.
2. Private patients' ledger.
3. Unions' ledger.
4. Farm ledger.
5. Invoice day-book.

6. Details of expenditure book.
7. Petty cash-book : Maintenance account.
8. Petty cash-book : Building and repairs account.
9. Weekly wages book : Maintenance.
10. Weekly wages book : Building and repairs account.
11. Officers' salaries book.
12. Attendants and nurses' wages book.
13. Cash sales book.
14. Index of patients.
15. Numerical list of patients.
16. Alphabetical list of patients.
17. Register of admissions : Pauper.
18. Register of admissions : Private.
19. Register of discharges and deaths : Pauper.
20. Register of discharges and deaths : Private.

THE MATRON.

Matrons are gradually becoming an extinct species, and will soon disappear altogether from the arena of asylum administration; but as there are at present not fewer than sixteen of our county asylums returned to us as being provided with officers bearing this title it is necessary to give some notice of the position held by them.

In the old asylum days, when the medical superintendent was a man of inferior social position, and in receipt of a very inadequate salary, it was by no means uncommon for his wife to hold the office of matron. The objections to this arrangement were so many and so manifest, that in one asylum after another the practice was abandoned, and perhaps there is not now a single one in England where it prevails. We believe Derby was the last county asylum adhering to the old *régime*, and it ceased there with the retirement of the late medical superintendent about sixteen years since.

In the smaller asylums the matron really does the work which in large asylums is performed by the housekeeper and head-nurse, and, therefore, in the smaller institutions the post may be regarded as the two offices united on the score of economy rather than as a distinct or separate one. Inasmuch, however, as a woman may be a very good nurse and a very bad housekeeper, or a good housekeeper and an indifferent nurse, and as the qualifications necessary

to form these are but rarely united in one person, the old system is, in our view, apt to be unsatisfactory in practice. When we come to the larger asylums we meet with a different order of things. Here the matron occupies a high position in the house; she has assistant matron, probably housekeeper, superintendent of laundry, superintendent of work-room, under her. To such an extent is this system carried in some of the large asylums that it is quite impossible to imagine what the matron can have to do, and when we take into consideration the undue influence which she may, and often does, acquire in the house, the high, not to say exorbitant, salaries paid, and the apartments allotted to her, we can only come to the conclusion that the office is a mistake and the expenditure on salaries unnecessary and unjustifiable.

We have elsewhere stated our opinion that 750 or 800 beds is the desirable upward limit of an asylum, and that in no circumstances it should be allowed to exceed 1,000. With 800 beds one head-nurse and one housekeeper are amply sufficient to take charge of the female department, and the same officers could manage with 1,000 beds. Salaries of £50, £60, or £70 a year would secure and retain perfectly suitable incumbents for these posts.

It has already been said that economical reasons may step in and decide the point in the smaller asylums, but in the larger ones it means the institution of a useless office, the conferring of undue power by the committee, the delegation of it by the medical superintendent, or the usurpation of it by the officer herself, each one of which must be looked on as an evil. Let us repeat, then, that where the matron does the work of both head-nurse and housekeeper, having no deputies, we do not speak against the system, neither do we praise it; but when the staff includes deputy-matron and other subordinates, it must either happen that the matron does little or nothing, or that she performs duties which ought not to devolve upon her at all. Therefore we state our belief that when any new asylum is opened, or when any matron of an existing one resigns, the appointing of a new one is a proceeding which entails unnecessary expense, and is more or less—more rather than less—inimical to a correct discipline and a due care of the patients.

In no instance in any English county or borough asylum does the matron take any part in the management of the male department, but in the idiot asylums and Royal India Asylum she does exercise a general supervision over the whole or some part of the asylum.

We shall further on describe separately the duties of head-nurse and housekeeper.

THE CHAPLAIN.

In no office connected with asylums does so much difference prevail in relation to the duties performed as in that of chaplain. In some asylums a single service on Sundays, with a weekly or perhaps bi-weekly short service in the chapel or dining hall, and an occasional visit to the wards, are considered sufficient to meet the spiritual wants of the lunatic. In many others, about thirty of the whole number, there is a short daily service in the hall immediately after the patients' breakfast, while on Sundays there are two services in the chapel, and often morning or evening prayer in the infirmary wards for those unable to attend chapel.

In a few asylums the chaplain has classes two or three times weekly, at which a selected number of patients are taught reading and writing and other elementary subjects. When properly conducted, we are disposed to look upon these classes as an extremely important part of the chaplain's work ; and we cannot help thinking it strange that so few of our county asylums have adopted the practice.

In many asylums the duty of looking after the library falls on the chaplain, and in one at least he manages the savings-bank for the attendants and nurses.

Where the asylum grounds contain a cemetery the funerals are of course taken by the chaplain. The number of funerals attended in one year may be approximately estimated by taking the deaths at 10 per cent. of the numbers resident, and subtracting about one-third for those bodies removed by their friends for interment in their own parishes.

Except in the very largest asylums, where the inmates are numbered by the thousand, the duties are by no means hard to get through, and an average of six or seven hours weekly would fully cover the time spent in performing them.

As the duties vary so do the salaries. Taking Derby at £60 a year as the lowest, and the Lancashire Asylum at Prestwich at £350 a year as the highest, there is almost every intermediate sum ; but the average of fifty-two county and borough asylums is £199. This includes allowances of every kind. About eleven have residences in the grounds.

The appointment may be regarded as a very suitable one for

any clergyman of quiet, literary tastes, there being plenty of time for the cultivation of any favourite study. In some cases, especially where the salary is small, the chaplain is allowed to hold a small living, or chaplaincy to a gaol or workhouse.

THE HEAD-NURSE.

In most of our county asylums the rules for the guidance of this officer provide that she shall be responsible for the state of all parts of the asylum, except the kitchen and laundry, containing female patients, and shall have, under the medical superintendent, the entire charge of the nurses and the female patients. Generally speaking, she should form the link between the medical officers and the female department. Except in cases of emergency all orders of whatever description should pass through her hands to every member of the nursing staff.

It is evident that, especially in the larger asylums, the post is of much difficulty to hold successfully. To strike the happy medium between over-strictness on the one hand and over-indulgence on the other is by no means easy. To insist that the patients are carefully looked after; to see that faults of omission as well as faults of commission happen not; to be at all times the friend of the unfortunate lunatic, while guarding the nurses against the effects of very irksome and trying duties, is, it may be easily understood, a position of uncommon difficulty, and one not often easy to find the proper person to fill.

To begin with, the mental strain is considerable in all instances, but it can hardly be estimated, and must vary much in different temperaments and in different asylums, and in the same asylum at different times.

The duties of the head-nurse begin at an early hour. When the night-nurses leave off duty at 6 A.M. in summer or at 6.30 in winter, their report-books are taken to her room, and within a few minutes thereafter she will have the names of the day-nurses on duty; and as each nurse has to enter her own name in it, no one can be late without immediate detection following; the absence of the names showing absence from duty.

After the names have been read over, and delinquents, if any, noted, the head-nurse will examine the night reports and the dials of the recording clocks, or such other means as may be employed to secure the wakefulness and watchfulness of the night-staff, to

satisfy herself that, so far at least as the correct keeping of the recording clocks and reports can satisfy her, there has been no neglect of duty on the part of those having the night-charge of the patients.

She will then visit the day-rooms and dormitories, paying particular attention to those rooms where the patients have been for any reason under special observation.

The patients' breakfast is generally served about eight o'clock or half-past eight. At this meal, as at all others, the head-nurse will invariably be present and assure herself that the food is issued from the kitchen in strict accordance with the diet tables, and with the special orders of the medical officers.

Shortly after breakfast the substance of the reports from each ward for the preceding day is copied into the general day report-book, and laid before the medical superintendent. This book shows the total number of patients in the house and their distribution in the various wards. The numbers taking medicine, the names of those patients who have been in bed during the day, the number of patients employed and the kind of employment, the numbers of those who have been confined to the asylum, those who have been in the airing-courts, and those who have walked beyond the grounds. Special columns are provided for the admissions, the discharges and the deaths, for the names of those who have been under any special form of treatment or who have been secluded. In short, it should be a complete history in tabular form of all that has happened in or in connection with the wards on the preceding day. At the same time the night report-books will be submitted to the notice of the medical superintendent, who thus has at a glance a sort of epitome, not only of the usual work done in the asylum, but also a note of all unusual occurrences.

After leaving the office the head-nurse generally pays a short visit to the wards, and satisfies herself that everything is in readiness for the morning medical visit, which usually takes place about ten o'clock, and at which she accompanies the medical officer on duty. After the conclusion of this visit there will not, generally speaking, be much to do before the patients' dinner.

On admission of a female patient the head-nurse attends in the waiting-room until the arrival of the medical officer, when, if no reason to the contrary exists, the patient is removed to the bath-room and examined in her presence.

On the death, discharge, or escape of a female patient, she

should at once send a notice to the medical superintendent and clerk of the asylum.

During the afternoon at least one visit should be made to the wards, and in those asylums where the head-nurse has charge of the needle-room some part of the day has to be spent there. A very important branch of her duty, but not a very pleasant one, is to attend in the bath-rooms when the patients are being bathed. It is at these times that their condition can be best ascertained, and the slightest bruise or injury would be detected and noted, and an inquiry subsequently made as to the cause.

Periodically, generally once in three months, the patients are weighed, and their weights entered in a book. This book is taken to the surgery, where it is examined by the medical officer, and the weights transcribed to the case-books.

After the nurses' second mess the wards will be, as far as possible, emptied of patients, and for those not confined to the grounds walking parties will be organised, and instructions given to the nurse in charge as to the direction and duration of the walk.

When any patient has to be forcibly fed, or is undergoing any form of water treatment, common sense would require the presence of the head-nurse.

Six o'clock is the usual hour for the patients' tea or evening meal, and between half-past seven and eight the patients will be got ready for bed. This is another time at which the presence of the head-nurse is very important. She would walk to and fro between the various dormitories and day-rooms, and assure herself that the arrangements for the night are satisfactory and the night nurses in readiness to begin their important duties. Before leaving the wards she will put on the master-locks on the outer and divisional doors.

It is essential that occasional visits should be made to the dormitories at unexpected hours, for however useful such inventions as tell-tale clock and electric contrivances may be, they ought not to be, and indeed never can be, a perfect substitute for the occasional presence of a superior officer.

The salaries given are variable, ranging from £35 a year to £90, the latter being very exceptional. Probably £60 or £70, with board and residence, after a few years' service, is what the head-nurse of a good asylum may expect to get. It is desirable that she be of somewhat higher social grade than the other nurses, as

they more readily look up to her and more willingly take instructions and orders from her. Previous asylum experience does not amount to much if tact and perseverance and good judgment be present, and if these be absent no amount of experience will make up for them. Of course, when both can be had combined it is best of all, and undoubtedly a few months' training, before or subsequent to appointment, in a general hospital would be a most useful prelude to the assumption of her asylum work.

During the absence of the housekeeper it is usual to allot to her some part of that officer's duties.

THE HEAD-ATTENDANT.

We have so fully entered into the duties of head-nurse that it is unnecessary to say much about the work performed by the head-attendant. Substituting the male wards for the women's, and attendants for nurses, the observations made under the head-nurse would apply here. There are, however, a few points wherein some difference exists. In those smaller asylums where neither a junior assistant medical officer nor a dispenser is kept, it is usual for the head-attendant to give more or less help in the surgery when the dispensing is being done; and he generally takes a share of the work in the *post-mortem* room. He also has charge of the entertainments to a greater extent than has the head-nurse, and being often chosen, partly at least, on account of musical ability—a decidedly bad principle of selection, by the way—he leads the band and plays the chapel organ.

Where the asylum possesses a cemetery he has charge of the funeral arrangements, acting as a sort of chief mourner and undertaker. For these extra duties it is usual to add something to the salary. Like the post of head-nurse it is not particularly easy to find a suitable incumbent for it. Many qualifications are necessary to form a really good head-attendant; prominent among which are cheerfulness of disposition, unflagging zeal, abstention from favouritism, great consideration when dealing with all classes of patients, and, perhaps more important than any, punctuality in discharge of duties, and a perfect openness with the medical superintendent as regards everything pertaining to the wards.

Most frequently the head-attendant is a married man, and lives in a house on the asylum estate, which should, nowadays, be in electric communication with the main building.

The hours are long, and the duties irksome and trying to most men. They are scarcely sufficiently remunerated by the salaries usually given. These range about £100 a year, with perquisites of more or less value, and a free house.

ATTENDANTS AND NURSES.

At some asylums it is a common complaint that the material from which to form good attendants and nurses is not forthcoming, that this difficulty increases year by year, and that even the offering of wages much beyond those given in the neighbourhood fails to bring forward suitable candidates. These facts, if facts, are deeply to be regretted, and a cure for the evils is not easily to be found. It may, however, be affirmed with tolerable certainty that when the wages offered are sufficient, and candidates do not come forward to fill the vacancies, the evil most likely exists in the asylum itself. There is something wrong somewhere. The grand point, we are firmly assured, is to keep the charge attendants and charge nurses as long as possible in the service of the asylum, and to succeed in this it is necessary to offer certain inducements to remain and rewards to those who do stay. Changes among the under-attendants and nurses are very undesirable, but they have not the same injurious effects as changes among the higher attendants and nurses.

One important point is, that the charge attendants should always live in cottages on the estate, and no rent should be charged for these cottages. When an attendant has had about ten years' service, he generally reaches the maximum pay given in most asylums, and the cottage rent free should be held out as a reward for good service, and the under-attendants would soon learn to look upon it in this light. It is a prize held out to those who remain. When an attendant receives £45 a year, with board and washing for himself, and a cottage and garden, he may be looked upon as not badly off, considering the class from which attendants are drawn. The pension, too, of two-thirds of his wages, and allowances, looming in the distance, still further improves his position. The real difficulty in keeping the under-attendants consists in their desire to marry young, and as it is vain to declaim against this imprudence, the medical superintendent must make up his mind to a certain number of changes annually among the junior members of his staff.

Love of dress among the nurses is another great source of a superintendent's trouble. If these two evils could be eradicated, there would not be so much heard about the difficulties of retaining attendants and nurses.

Asylum attendants as a rule do not drink to excess, and when they do, there is no possibility of their keeping their situation: but they often spend small sums nightly on beer. Attempts should be made by those in office to break off this practice, and a habit of saving inculcated in its place. The greatest benefit to all concerned would be the result, as it is beyond all doubt that when a man or woman has saved a little money, he or she rarely talks of moving. Those who have saved money reflect before they act, and generally decide to bear the ills they have rather than rush to others they know not of, while those who have not a pound in the world are perpetually on the move. They think they cannot be worse off, and may possibly be better. A custom prevails in many asylums of paying the travelling expenses of those engaged as attendants and nurses. This we look upon as a pernicious custom, which still further increases the Ishmaelitic tendencies of a roving class. We believe, therefore, that it would be an extremely wise proceeding on the part of the committee of visitors to induce their servants to save money, and this could be best and most easily done by establishing in each asylum a savings-bank for the staff, and by offering a much higher rate of interest than is given by other banks. Such a course would be decidedly better than increasing wages, because the reward would follow the deserving, whereas an increase of wages all round would too often mean that the increase would find its way into the beerhouse and milliner's shop. At the outset care should be taken by the medical superintendent not to engage those in whom the evil of drink and the foolishness of dress exists.

Another point in which the greatest care should be exercised is this: seldom or never to engage anyone who has served in another asylum. It is not putting it too strongly to say that nothing else with which we are acquainted unsettles the staff more than this. Already the superintendents of two of our county asylums, namely, the Lancaster at Prestwich, and the Berry Wood at Northampton, absolutely refuse to entertain applications from those who have served in other asylums; an example which, we believe, has been followed by one or two others, and which we hope to see very generally followed. When attendants or nurses leave an asylum they should feel that they have left asylum life behind

them, excepting in those rare cases where an under-attendant or nurse obtains sanction to apply for some position of higher pay and trust. On this subject one of the superintendents above referred to writes: "According to my experience, a good attendant rarely leaves a good situation to go to another asylum, even when tempted by an increase of wages. Those who travel about from place to place are generally worthless on account of their restless propensities, and they do an infinity of harm by unsettling other attendants. I have also found that an attendant coming from an asylum generally brings with him some experience which it is desirable he should unlearn. As a rule he remembers only the bad points of the place he has left, and utterly forgets all the good." We can endorse every word of the above.

Of late years much has been done in the matter of training hospital nurses, and it has been proposed to inaugurate something similar for asylums; but one does not see how it could be carried out—at least, it could not well be based on similar lines to the hospital system. An asylum differs much from a hospital. The latter has for the most part no distinct recognisable head, while the former should possess a very evident tone and character from the presence of its medical superintendent.

Hence it is that, taking all things into consideration, we believe the medical superintendent will succeed best who trains his own attendants and nurses. Then comes the question, What is the best way to do this? A good plan, and one which has our hearty approval, is that inaugurated by Dr. Clouston, of Morningside. This able superintendent places all his probationers in the sick or infirm ward, and the object Dr. Clouston has in view is the admirable one of imbuing the beginners with an idea that the patients he will subsequently have to look after are ill with a bodily disease, and to get this idea firmly fixed in his mind before he has had time to adopt the more common notion of being a keeper to a madman.

In other asylums, the young attendant is placed in the ward over which the best charge attendant presides, while in some he is at once placed where the vacancy exists, and obtains no training other than he gets in the daily discharge of his duties. It is almost needless to say that Dr. Clouston's is the system from which the most promising results are likely to follow. In the Berry Wood asylum the attendants and nurses are trained for a longer or shorter time in all the wards, and are afterwards stationed at the duty for which they seem most suited.

It was formerly the custom to distinguish the attendants on the men as male attendants, and those on the women as female attendants, but the sensible innovation of "attendants" and "nurses," is now coming into very general use.

The employment of nurses in the male wards is an experiment of late years, and it is one which a careful superintendent would do well to regard at least as tentative. In the second annual report of the Berry Wood Asylum we find the following remark: "The system of employing nurses throughout the male wards received an extended trial here, and having been found a complete failure, was abandoned a few months since." On the other hand, a female nurse is in charge of the sick ward at the Morningside Asylum, and Dr. Clouston reports in favour of the continuance of the practice.

In our visits to two other asylums where the system is being tried in the infirmary wards, we found in one of these that the wards in question had not a very orderly appearance, and this in an otherwise admirable asylum; while in the other the medical superintendent spoke in strong terms against the innovation, and regretted he had not the power to alter it at once. As a rule, these nurses are confined to the infirmary wards; and twelve asylums are returned to us as adopting this system. One medical superintendent writes that he "tried it, but it did not work well". Another says he "found them worse than useless".

Married couples have charge of wards in several asylums. Here there must be great difficulty in obtaining suitable couples. An old and experienced superintendent once remarked to us, "When the man is good the woman is bad, and when the woman is good the man is worthless." This would probably be the general opinion, and the system really means that two people are paid and only one works. Nevertheless, it is in vogue in the following asylums: Carmarthen has three wards in charge of married couples. At Somerset the idiot boys are in charge of a married couple; and this would seem a good arrangement. At Leavesden all the wards, except the infirmary, have married couples. The West Riding has two. Royal Albert Asylum one. At Earlswood the ward where the cripples and helpless adults are; and at Darenth five married couples have charge of five blocks.

Another innovation of late years consists in employing two or three women of fair social position to move about from one ward to another, not being, as we understand it, really attached to any particular ward, but exercising a general supervision and watchfulness over the nurses. This system has not spread sufficiently to

enable us to form a positive opinion as to its merits, and it is never safe to generalise from a single success ; for an inventor is apt to be unconsciously prejudiced in favour of his own invention, and, moreover, often takes more pains to ensure its successful working than would an imitator. The points which naturally strike one in this plan would be the difficulty in selecting ladies for the duty, and in assigning their position in the house, whether to make them independent of the head-nurse, or place them under her. In the former there would be a danger of clashing, and in the latter they would be merely assistants to her. In very large asylums, perhaps, something of this kind is almost a necessity ; but, then, there never ought to be any very large asylums.

In English county asylums it is the next thing to universal for the attendants and nurses to wear uniform. The style of uniform worn will much depend on the taste of the medical superintendent, and being a matter of taste, not much need be said on the subject. It should, however, have at least three positive qualities and two negative ones : (1) It should be durable ; (2) it should be so made as not to interfere much with the movements of the wearer ; and (3) it should possess some distinctive feature, whereby the attendant or nurse can be identified at a glance. As to its negative qualities, referring to the attendant's uniform, it should be as far as possible removed from that of a policeman or a prison warder.

The class from which attendants and nurses are drawn is a matter of much importance, and it is the general wish of medical superintendents to induce a somewhat better class of candidates to enter asylums. It is certain that in some asylums there is room for improvement. Still, taking all things into consideration, especially the nature of the duties that must be performed, it is not altogether to be wondered at if perfection in this has not yet been reached. Higher motives than those of obtaining a livelihood have not as yet induced many, if any, to adopt asylum nursing, and it would seem that much of the outcry at the present day of the lack of suitable employment for women has not always a foundation in fact. Here certainly is a rich field where much good could be done, a fair wage earned, reasonable hope of promotion, and last, but not least, a small pension secured for old age. Speaking of the nurses, it may be said that the bulk of them are of similar position to the best class of domestic servants, but tradesmen's and farmers' daughters often, and professional men's daughters occasionally, are found among them.

The majority of attendants have been connected in some way with the land, and agricultural labourers of the better sort often develop into good attendants. Most asylums contain a few old army men, and while the old pensioner is a doubtful acquisition, it often happens that the short-service man, or he who has served a few years in the army, turns out well. He has learnt discipline, smartness, and neatness. Those who have been artisans do not often learn their duties easily, or perform them satisfactorily, and the percentage of clerks, schoolmasters, etc., is too small to enable any very reliable conclusion to be based on it. It would seem, however, that these, and others from a similar rank in life, do not always turn out well. They dislike the lower grades of office, and often leave before they have given it a fair trial; but when they persevere, doubtless they make the best attendants.

The wages given to attendants and nurses vary according to the district in which the asylum is situate. In manufacturing districts they are highest, in agricultural districts lowest. An average initial wage for attendants is £25; this increases to £40 or £45 by annual instalments of £1 or £2. For nurses, £16 to £25, or £30; the usual annual increase being £1. Those who are placed in the acute and the infirm wards often get a few pounds a year more than the others. In all cases board, lodging, and washing are provided, and, as before mentioned, uniform is almost always given.

At six in summer and half-past six in winter the attendants and nurses rise. Within a few minutes of these hours each has signed the name-book, and before five minutes have elapsed the said book should be in the office of the head-attendant or head-nurse, after which no signature can be added, and those not on the list are at once detected. So to speak, the attendant or nurse by this system reports himself or herself.

The day duties begin immediately by the attendants and nurses entering the dormitories. The clothing of the patients, which has been lying in open racks outside the dormitory doors, is taken in; the lavatory arrangements are seen to; those who cannot dress or wash themselves are helped by the attendants or nurses; and in a surprisingly short space of time the patients are ready for the day-room, to which the charge attendants or nurses, with some of the under staff, at once accompany them; while the bedmakers and dormitory cleaners are left to get through an hour's work before the bell rings for breakfast.

In the wards for the acute cases all these duties take a much longer time to perform, and a larger staff is necessary ; while in the infirm wards the proceeding has to be greatly modified. Here, unless the ward is also used as an admission-ward, but a small proportion of the patients is up when the bell rings, the most of them being indulged with breakfast in bed ; and, of course, many of them are entirely bedridden. During the winter months, when the mornings seem short and sickness is common, it is not always easy to get everything quite straight in the infirm wards before the morning medical visits, though it is customary to send the supernumerary attendant or nurse, who has taken the duty of the person absent on leave in the summer holidays, to this ward during the winter.

The attendants' and nurses' breakfast-hours are generally fixed so that both messes are over before the patients' breakfast begins ; and as soon as the latter is finished, the ward and dormitory cleaning is resumed, and it ought to be as far as possible finished, and the attendants and nurses in their uniform, when the regular medical visit begins. Once a week the bedding in each dormitory is rolled up, army-fashion, for better inspection by the officers.

As soon as breakfast is finished, the attendants, who take the patients to work on the farm or in the shops, take their parties to the boot-room, and see that the men are properly dressed for the nature of the work to be engaged in.

The number of patients entrusted to each attendant varies considerably, and depends on the class of patients in the asylum, and on the medical superintendent. Where the latter is careful, and dislikes escapes, and the risk of accidents, the number will not exceed six to each attendant ; but where an opposite system prevails, it will be as high as twelve.

In the women's department, the laundry-patients will begin work at the same hour as the farm-patients ; while the kitchen and dining-hall parties are at work considerably earlier in the day.

For those unable from any cause to employ themselves, the airing-courts are accessible in fine weather, and a certain number ought to be out at an early hour.

In the afternoons the walking parties are arranged, and large numbers of the patients in most of our county asylums now go almost daily beyond the grounds. During the winter, or in wet or cold weather, the women not engaged in the laundry or kitchen are employed at needlework, it being the general, if not universal,

practice to make in the asylum all the women's clothing ; while by far the greater portion of the male patients' clothing is made in the shops set apart for the tailor, shoemaker, etc.

To find indoor work for the men is much more difficult than for the women, and hence it is found that games of all kinds—such as billiards, bagatelle, cards—are freely indulged in, and it is one of the duties of the staff to encourage these amusements, especially among those cases where the tendency is towards listlessness and melancholy.

So far, the duties of all ranks of attendants and nurses have been considered ; but there are some special ones which devolve on the charge-attendant or nurse of each ward. One of the most important of these is the regular giving of the medicine as ordered by the medical officers. These medicines, after leaving the surgery, are placed in a cupboard in the charge-attendant's room, and of this cupboard the charge-attendant only has the key. He is therefore responsible, not only for their being properly administered, but also for their safe custody.

Another very important duty is to superintend the bathing of the patients, and, indeed, to bathe many of them himself. The bath-room should never be left by the charge-attendant when patients are in it.

The charge-attendant is also responsible for the ward-stock, that is, everything in the ward, of whatever description, which appears on the ward lists. As stated in the chapters on the duties of clerk and housekeeper, this stock is taken once in three months by these officers ; but a careful charge will not be satisfied with this quarterly inspection, and he or she will often look over it in the interim, and assure himself or herself that nothing is missing. A clothing-book should also be kept by the charge, in which should appear the articles of clothing condemned by the store-keeper and head-attendant, or by the housekeeper and head-nurse, as the case may be ; and it should also show the dates on which this takes place, and when the articles were renewed.

Duplicate lists of everything sent to the laundry also fall to the charge, and he or she, with the help of patients, takes the clothing to the laundry and counts the articles in presence of the housekeeper and head-laundress, and returns to the laundry at the end of the week, when he ought to receive the same number of articles as he handed in.

Escapes, deaths, sudden illness, etc., are reported by the charges to the heads of their respective departments, except in case of

emergency, when the message is taken direct to the medical officer. As many of the patients are suicidal, special written cautions are given to the charge of the ward, and by him or her these instructions have to be read to every other one in whose care the patient may be placed.

Like everything else connected with asylums, the proportion of attendants and nurses to patients differs more or less ; but, where neither artisans nor laundry-maids are included in the nursing-staff proper, it may be said that one attendant or nurse to every ten patients would be an ample staff.

It will be seen from the above that the life is not a very easy one, and yet it must have certain inducements and advantages. It is a fact that any attendant or nurse, who has for any cause given up asylum life, almost always wants to return to it, and a single advertisement in a local paper has been known to bring in upwards of sixty applications. The hours of duty are somewhat too long ; from 6 A.M. to 8 P.M. makes a trying day ; and although an hour and a half may be taken off for meals, and although the attendant or nurse may not be actually working during the whole of his time on duty, still there is always considerable mental strain.

Each asylum has its own rules as to leave of absence ; but the following is, perhaps, a reasonable average : one whole day once in three or four weeks ; one Sunday once in four or five weeks ; ten days' annual leave ; and leave almost every evening from eight to ten o'clock. The married attendants, of course, leave every evening at eight, and return in time for the morning work. We do not think this amount of leave is sufficient. The duties are trying and responsible. More relaxation is desirable, perhaps absolutely necessary ; and some means should be found of increasing the hours when the asylum can be left behind, and the mind refreshed by reasonable amusement.

NIGHT ATTENDANCE AND NIGHT NURSING.

If we could go back some thirty or forty years in the history of our lunatic asylums we should find that the night attendance and night nursing of patients was but little thought of, and few asylums had any special arrangements for it. In those days the numbers in the asylums, even in the asylums considered large at that time, would sound now strangely low in our ears, and, as a consequence, the numbers actually needing much care or attention during the

night were few, and an extensive system of watching would hardly have been dreamed of by the medical superintendent, or sanctioned by the committee. Now, however, we have changed all that, and to be a pauper lunatic in this generation means to be surrounded with almost everything that can make life desirable. It means that he is well clad, well fed, has comfortable rooms to sit in; skilled medical attendance always at hand, the presence of specially trained attendants by day, and, as a last innovation, his slumbers are watched over by men engaged for the purpose, and their vigilance tested by the most cunning contrivances and inventions. If an epileptic, an attendant never leaves his room: the slightest sound brings him to his bedside, and he is watched over with an amount of care that in some other countries in our own age would be looked on as unnecessary. Certainly in England, at the end of the nineteenth century, an epileptic pauper lunatic in one of our county asylums is better off, as regards night attendance, than would be an epileptic nobleman in his palace. We question if there ever was a private patient in his own home who had a special night attendant to guard him against the consequences of an epileptic fit. We have dwelt on this subject because, perhaps, nothing else so plainly shows the strides our county asylums have made in late years; and now almost the smallest of our public asylums would have on its staff two night attendants and two night nurses, while in the larger ones they are reckoned almost by the dozen, and the cry is still for more. If we contrast this with the custom of former days, when night attendants were unknown; when the only help at hand was the presence of a drowsy day attendant sleeping in an adjoining room, or perhaps in the same room as the patients, we can form some idea of the distance we have travelled.

The proportion of day attendants and nurses to patients is a tolerably constant one. It ranges about one to ten or twelve; but when we try to strike an average with the night staff, we find the difference is so great that it would be useless to state an average. The number employed depends not so much on the number of patients as on the amount of night supervision deemed necessary by the medical superintendent and committee, and also on the constitution of the asylum. In those asylums wherein a large dormitory exists on each side, it is customary to collect the epileptics, suicides, and others needing special night watching into this one room—an arrangement which cannot be too strongly

condemned. The old system of no watching at all was preferable to this. If anyone could really appreciate the feelings of a suicidal patient whose gloomy thoughts keep him awake night after night—if anyone could imagine what such a one feels when he is put to sleep in a dormitory with thirty or forty noisy epileptics, and with the epileptic scream saluting his ear every hour during the night, he would say better a thousand times the old system than this. We are therefore of opinion that where some really good arrangement cannot be made, where separation and classification of epileptics and suicides cannot be properly carried out, it seems more humane and more in accordance with correct management to give the presumably curable suicidal melancholic a fair chance of recovery, rather than retard or prevent this by cooping him up with a hopelessly incurable epileptic. And it must be remembered that death from suffocation in an epileptic fit is an extremely rare occurrence, while death in an epileptic fit is by no means uncommon. It is true that these are often confounded, but they never ought to be.

It must not be understood that we wish to make any statement against the properly constituted and properly carried out night nursing of the insane. Far from it: but where it cannot from any cause, either structural or otherwise, be efficiently carried out, it is questionable whether any good results from its inauguration—that is, anything beyond the invariable hourly or two hourly visits of the night watches. The epileptics, for instance, in many asylums are numerous, forming, perhaps, a fifth, sixth, or seventh of the total number in the asylum. But epileptics need classifying equally as much as lunatics generally. One epileptic will be seized with fits at comparatively rare intervals, and between the attacks his mind may be almost clear; while another will suffer three or four times a week, and his mind will be at all times a hopeless blank, and his habits the most disgusting imaginable. What can be worse in a point of management than insisting that these two shall spend ten hours out of every twenty-four together? Yet this is what habitually takes place in many of our county asylums.

If the night supervision of lunatics is to be carried out with due regard to the feelings of the patients, and with a proper amount of efficiency, then the smallest asylum ought to have at least four dormitories set apart on each side for the watching of its special cases; namely, one for suicidal cases, one for the sick and

infirm, and one for each of the two classes of epileptics. This statement of opinion is based on a purely medical view, and to what extent any committee of visitors would be justified in burdening the rates for the sake of seeing such a system put in force is quite another thing, and is a point on which we do not feel called on to offer an opinion.

At the present time the smallest asylums, with scarcely an exception, have at least two night attendants and two night nurses. One of these visits the wards and dormitories at intervals, varying from one hour to two hours, while the other sits in the dormitory wherein are placed the suicidal and epileptic cases. This dormitory should be so arranged that it has along its end, or along one side, a series of single-bedded rooms, the doors of which have open panels, and over the doors strong panes of glass, near which is a gas jet for throwing light into the room, and so allowing the night staff to see at a glance when the patient occupying the room is in need of attention or help. These single-room doors should be provided with suitable appliances, instead of locks, so that they open and shut noiselessly.

As soon as the day attendants and nurses have seen the patients in bed the night staff comes on duty, and it is a desirable system that one of the day staff remain with them for the first hour or so. By this means recently admitted patients, or others who from any cause require special attention, are pointed out, and instructions left concerning them.

In one asylum an admirable practice prevails of having all the names of the patients sleeping in the dormitories put down on a slate or book, with a number opposite the name corresponding to the number on the bed. There is thus no difficulty in the attendant or nurse finding any patient in an instant; and in large asylums it is not always easy for the night staff to remember the bed where any particular patient is sleeping.

It is customary nowadays to distinguish those dormitories where patients are under continuous supervision as special dormitories, and, as already noticed, a properly arranged and managed asylum would have several on each side.

The attendant in charge is not supposed to leave it even for an instant during the ten hours or so on which he is on duty. He walks to and fro about the ward, should be ever on the watch for any unusual sign from any of his patients, should administer such medicines as have been ordered, should learn to have much

sympathy with those under his charge, soothing the restless and agitated by kind words and assurances of help. In a dormitory with thirty or forty patients, many of them epileptics, needing the frequent presence of the attendant at their bedsides, it may readily be understood that he has duties to perform both responsible and unpleasant. In his report-book he has to enter a statement of each patient at least every hour, and his vigilance will be further tested by one of the tell-tale clocks now almost universally in use.

The night attendants whose duty it is to visit the other dormitories hourly or so has, especially in the larger asylums, no easy task if he perform it conscientiously. To see that each one of his three or four hundred patients is in his usual state, to get those out of bed whose habits are known to be faulty, and to renew the bed-clothing of those whom even this precaution does not keep clean, to be roundly abused by the more sensible patients for awaking them, needs a more philosophical frame of mind than twenty or thirty pounds a year are likely to produce. Still, the work is in most cases fairly well done. Accidents happen but rarely by night, and the night report-books are not often darkened by entries showing that patients with faulty habits have not been properly attended to. And supposing the neglect to take place, the day attendant would be bound to report the condition in which he found the patient, and the laundry-books would act as a second check to carelessness in this most important part of night nursing.

An asylum containing 800 beds should not show an average of more than four "wet" cases a night, or more than five "dirty" cases a week during the night. When the number of cases exceeds this it either means that the patients are of an exceptionally bad class or that the night attendance is not properly organised—most likely the latter.

The means taken to secure the wakefulness of the night staff in our asylums are either the old peg clock, Dent's dials, Miller's clocks, or some one of the electric tell-tales. The first of these has a circle of pegs round the dial, and at one part of the dial a hammer can be driven on to the peg, causing it to disappear. In the morning the number of pegs missing shows the number of times the clock has been "pegged", and the hour opposite the missing peg shows the hour at which the clock was touched. This system is now almost obsolete. That most commonly in use is the one known as Dent's tell-tale dials. Here there is an iron circular box fastened to the wall of the day-room or dormitory, and each

room has a separate letter, the letter projecting from the inside of the iron box. The attendant carries with him a small clock, the face part of which is locked by the head-attendant, and showing only a small opening large enough to permit the projecting letter in the box to enter. Before the clock is handed to the attendant it has had a paper dial with the hours marked on, and a dial of blacklead paper locked inside it. When the attendant puts the clock into the box the paper dial receives an impression of the letter, and the impression shows the hour at which it has been taken, and so on through every ward and dormitory in the asylum. In the morning the clocks are left with the heads of their respective departments, and by them read, and then pasted into the night report-book. At any time these dials can be referred to, and almost the exact minute when the attendant was in any particular room can be ascertained.

Miller's clocks bear a very close resemblance to one invented about seventeen years ago by Dr. Newth, of Hayward's Heath. Dr. Newth's was a revolving cylinder, carrying on it a sheet of paper marked in squares, each square corresponding to a quarter of an hour, and the hour appeared on the margin of the paper. The cylinder was hidden by a brass cover, having a narrow slit on the top, and through this slit the paper was marked by the point of a blacklead pencil. The whole was enclosed in a box and locked by the head-attendant. The lid of the box had a slit corresponding to the slit in the brass drum. Mr. Miller's is somewhat simpler. A small clock is placed in a locked box, and the dial of the clock revolving carries with it a paper dial. The lid or door of the box has in it a small hole, and in this a pencil is inserted and moved round, making a dot on the paper dial which, of course, shows the time at which the pencil was used. Our experience of this invention leads us to believe that the idea is a good one, but the workmanship is poor, and the clocks constantly stopping make them not very reliable. These are only slight drawbacks that could easily be remedied. The electric system has, we believe, been developed at the Hanwell Asylum, the Three Counties at Arlesey, the St. Andrew's Hospital, Northampton, and several others. In this system the recorder is in the medical superintendent's office, or some other central part of the asylum. A large sheet of paper is put into the box, closely wrapped round a cylinder, which moves by clockwork. This paper is removed daily and a fresh sheet put in its place. A wire from each ward and dormitory runs to the box

containing the clock, and when the night attendant presses the button a corresponding number or letter makes an impression on the paper, and as the paper revolves, each time the button is touched there is a separate impression. To look at this system, with its multitude of hammers and wires, suggests the idea that it is too complicated to stand the test of constant usage; but it is very highly spoken of in some quarters, and, if found to work well, it will doubtless gradually supersede all others. Our own experience of electric bells, telephones, and electric contrivances generally, is, that when they are in working order they act extremely well, but that they very often get out of order, and the presence of a skilled engineer is frequently necessary.

One remark we may venture to make, applicable alike to whatever system is in use, namely, that where the asylum is blessed with a staff of conscientious night attendants no system of testing vigilance is particularly necessary, and where the night attendants are not alive to the responsibilities of the office they are too likely to rest satisfied when the recording clocks have been seen to; the clock gets the attention, the patient is neglected.

STOREKEEPER OR STEWARD.

Considerable responsibility rests with this officer. He makes out all the orders for goods, and, before sending them off, obtains the signature of the medical superintendent. He has charge of all the stores of whatever description coming into the asylum, and has in the first instance to check everything with the counterfoils of the orders he has sent to the tradesmen. If correct, these slips or counterfoils are sent weekly to the clerk's office, to be retained there until the quarterly bills are due, when, as already mentioned when detailing the clerk's duties, they are carefully compared with these quarterly bills. By these means it is almost impossible for any error to creep in.

The first daily duty of the storekeeper consists in receiving from the heads of the male and female departments a list showing the number of the patients who will have their meals in the dining-hall and in the wards respectively, and the class of diet required. These lists change a little from day to day; and, as the quantities and kinds of provisions issued to the housekeeper are made up from them; they must be in the storekeeper's hands early enough to permit of the various articles being weighed and measured in

time for delivery to the kitchen. The meat, bread, beer, vegetables, etc., for the day's consumption should be weighed and measured in presence of the storekeeper, if not by him in person; and no delegation of this duty should ever be permitted, although it entails being in the stores at an early hour, and the performing of work of a not particularly pleasant nature.

The stimulants, and such things as come under the heading of "medical extras", should invariably be seen to by the storekeeper himself.

In most asylums this officer exercises a certain amount of supervision over those artisans whose wages are placed to the maintenance account—such, for instance, as the butcher, baker, shoemaker, and tailor. When not engaged at his trade the butcher is generally told off to help in the general work of the stores, more especially the heavier and rougher part of it.

The materials used by the other artisans, whose wages are charged to the building account, are supplied to them by the storekeeper, on requisition of the medical superintendent.

The made-up clothing for the male department is kept by the storekeeper, and is issued by him, either on the order of the medical superintendent, or on his own judgment, to replace the ward-stock worn out or destroyed. In the latter case the articles, whether of furniture, bedding, or clothing, have to be seen and condemned in his presence by the head male attendant. Except in those rare cases where an article is completely destroyed or lost, the ward number and mark have to be produced before anything can be replaced in stock. Where this is not forthcoming the article is put down in the minus column at the next stock-taking.

The storekeeper takes stock quarterly in the workshops and in the kitchen.

With the help noticed above one storekeeper is sufficient for any asylum where the beds do not exceed 1,000. The salaries given vary considerably. From £40 to £80 a year, with board and residence, is probably about the average. Where the storekeeper is a married man, and lives beyond the asylum, £150 a year would be looked on as an ample salary.

A good idea of the purely clerical part of the storekeeper's duty can be formed by thinking of the books he has to keep. These are chiefly as follow :

1. The Invoice Book.
2. Receipt of Stores Book, showing the quantities of all goods received into the stores.

3. The Daily Provisions Book. This shows the number of attendants, nurses, domestics, and patients, and the quantity of provisions issued to each class.
4. Provisions Weekly Consumption Book.
5. Clothing, Receipt, and Expenditure Book.
6. Clothing Materials Book.
7. The Furniture Receipt and Expenditure Book.
8. The Necessaries, Receipt, and Consumption Book, showing the reception and consumption of such things as soap, starch, brushes, etc.
9. Medical Extras Diet Book.

THE HOUSEKEEPER.

The housekeeper's duties in an asylum are almost identical with those undertaken by the housekeeper in a large private mansion, and hence a short notice will suffice.

The domestic servants of every grade are under her immediate control; and she ought to see that all those employed in the kitchen and laundry are at their posts at the proper hours, and are performing their duties in a satisfactory manner.

The housekeeper ought to be in the kitchen as soon as the domestic servants are on duty, and she should allot to each, as far as is practicable, the amount and nature of the work which each will have to carry out during the day. After this her next duty will be to see that the attendants' and nurses' breakfasts are properly cooked and punctually served. A delay of more than a minute or two ought to be reported by the mess-presidents to the heads of their respective departments; it being evident that delay here means irregularity in the wards and confusion in the patients' dining-hall.

As soon as the attendants' and nurses' second mess is over the housekeeper will superintend the handing over of the patients' breakfasts to the attendants and nurses, who are helped in this by an adequate staff of patients; and she will assure herself that the quantity and quality are correct.

Shortly after this the meat for the patients' dinner will be issued at the stores-hatch, and as soon as it appears in the kitchen it will be weighed in her presence, and the weights put down in a book kept for this purpose; which book is periodically left in the clerk's office, and is by the clerk compared with the stores issued

by the storekeeper, as recorded in his books. Perfect agreement should exist between these books.

The preparation of the officers' meals, the charge of the officers' rooms and of the attendants' mess-rooms, where these are near the kitchen, usually fall to her share of work ; and she is held responsible for the condition of the larder, dairy, and all the kitchen offices. In the dairy she will be present twice daily, when the milk is delivered from the farm, and the quantity of milk is entered in the dairy-book, in which book columns are provided to show in what manner the milk has been consumed.

With the object of checking undue breakage of crockery, at least half-an-hour after the patients' dinner ought to be spent in the dining-hall sculleries.

The laundry ought to claim much of her attention, as the health, comfort, and cleanliness of the patients so much depend upon the regular issue of clothes. On receiving-days and issuing-days especially, it will be her duty to be present, seeing that the lists brought by the attendants and nurses are correctly drawn out in duplicate, and that the same number of articles is delivered at the end of the week as was received at the beginning of it.

A summary of these lists is entered in her laundry-book, and presented weekly to the medical superintendent. Lists should also be sent weekly of the extra foul linen, and the wards from which it is received, to the head-attendant and head-nurse, who are thus enabled to satisfy themselves that no undue number of articles has been sent.

Once in three months she takes stock in the women's wards, and lays the result of the stock-taking before the superintendent. Much greater difficulty is found in keeping the stock correct than in the men's wards ; nevertheless, it would not be expecting too much to find that three-fifths of the wards are exactly correct, and the others not far wrong.

The duties of housekeeper are by no means so arduous as those of head-nurse. There is not only less responsibility attached to them, but they are more congenial in their nature, more easy to perform, and require no special tact. Indeed, little more is necessary than punctuality and an honest desire to do the best for the welfare of the institution.

As the housekeeper has to devote the whole of her time to her duties, the salaries usually given are about the same as those given to the head nurse, although the latter often is, and always ought to be, considered as the superior officer.

During the absence of the head-nurse on leave, the housekeeper discharges such part of her duties as the medical superintendent may think fit to assign to her.

DOMESTIC STAFF.

The remark made when describing the housekeeper's duties may be repeated with reference to the whole of her staff of domestic servants and laundry-maids. The work differs but in its extent from that performed in private houses, and hence a mere enumeration of the number of servants employed in an asylum of average size will enable those not conversant with the inner working of our county asylums to form a correct idea of what takes place in this department. By an asylum of average size, we mean one of between 600 and 800 beds. Such a one would be well equipped, so far as the kitchen is concerned, with a cook, a scullery-maid, a dining-hall maid, two housemaids, and in some asylums a vegetable-room maid will be needed. About twelve patients would be told off to help with the kitchen-work, and six or eight would be employed in the dining-hall. These latter work under the dining-hall maid, getting the tables ready for the various meals; cutting the bread and buttering it; washing dishes, and all other things usually coming under the head of preparing for a meal, or clearing-up after one. In addition to the bread supplied at dinner, each patient will have one large slice, weighing about six ounces, twice daily, so that an asylum with 700 beds would mean that 1,400 slices of bread would have to be cut and buttered daily. This is mentioned to show what amount of work has to be gone through, and how essential it is that every part of a large institution should be so carefully organised that smooth working follows as a matter of course.

The laundry staff would be complete with a head-laundress, a second laundress or "ironer", and two washhouse-maids. When the numbers touch 700 the housekeeper's staff should contain a supernumerary to take the place of domestic servant or laundry-maid absent on leave or from sickness, or to help in either department when work is unusually heavy. In summer, when vegetables and fruit enter largely into the patients' dietary, the kitchen will be at its busiest, while the laundry feels the strain most in the winter months, when the outdoor drying of clothes is interrupted, and the extra number of sick in the infirm wards greatly increases the amount of washing to be done.

About forty patients should work in the laundry, and it is

desirable that as much as possible of the washing should be done by hand.

The wages given to cooks and head-laundresses are from £25 to £30 a year, and it is generally found that of all asylum *employees* these are the worst to find. Dining-hall maids and second laundress will be satisfied with £20, and scullery-maids and housemaids get about £16. Board, lodging, and washing are always given, and uniform nearly always.

THE ARTISANS.

In noticing the artisans as employed in our public asylums, we start with the observation that there is nothing special attached to their duties. They do the same work as they would if engaged elsewhere. Nevertheless, as they have to a greater or less extent charge of patients, and may in cases of emergency be called on to act as attendants, they should be selected with the same care as if they were to be in constant attendance in the wards.

It may be convenient to begin by naming and, as far as it is necessary, detailing the duties of those artisans whose wages are charged to maintenance, and who in many asylums act as attendants morning and evening, wear uniform, and are in most respects attendants, but in addition having special knowledge of some trade.

Their working hours—that is, from breakfast to dinner, and from dinner to tea—are spent in the shops, their mornings and evenings in the wards. They take their patients to and from the shops. This system is not so common now as it used to be, but, nevertheless, it has something in its favour. The artisan-attendant knows more about his patients; he notices anything unusual about them more readily than if merely handed over to him in the shop; is in more sympathy with them, and altogether more likely to look well after them, than under the more modern system. The objection would be that less work would be done by the man himself, and that a good workman often has great dislike to ward or dormitory work of any kind.

The artisans referred to here are the butcher, baker, tailor, shoemaker, and upholsterer. The first mentioned has almost never sufficient work to keep him constantly employed at his trade, and he fills in his time in the stores, helping the store-keeper in the heavier and dirtier part of his work. The baker generally relieves the kitchen staff of some of the cooking, more especially that for the attendants' and nurses' messes, and the diet

for the infirmaries. The baker is helped by one or two patients. The tailor will have from five to ten patients with him, and with these numbers, and some mechanical aid, all the mending and much of the new work should be done. Where the asylum is too large to permit of one paid tailor getting through all the work, it is scarcely ever advisable to employ a second. The wages alone would amount to £70 a year, and for this sum more clothing can be bought, without speaking of the material, than an extra hand could make, and the quality of the clothing bought is at least equal to any that could be produced in an asylum shop.

A similar remark will apply to the shoemaker, and the number of patients employed with the latter will not differ greatly from those stated when speaking of the tailor.

The chief and most important of the upholsterer's duties is to keep the bedding in a state of perfect order. Mattresses and palliasses have to be made and remade in large numbers, but still even in large numbers one man's time would not be fully taken up with this work, and it is usual to tack something else on to it, such as mat-making, or any occupation which may be common in the district, weaving, basket-making, cocoa-matting, etc.

Always assuming that we are dealing with an asylum of average size, and further assuming that the institution is managed on what we may designate as the provincial system, almost the only other workman whose wages would appear in the maintenance account is the stoker, and his duties need no special mention.

The artisans whose wages are charged to the building account are: the engineer, bricklayer, plumber, carpenter, and painter. These all have patients working under them, and the amount of paid help given to them will depend on the size of the asylum, the skill of the patients employed, and the amount of work which the medical superintendent and committee think should be done by their own *employés*, rather than by a contractor. Generally speaking, a second carpenter will be needed, and often an engineer's assistant or blacksmith will be found on the staff; but otherwise, unless the asylum is of very large size, or unless it is comparatively a new one, a single paid man in each of the other trades ought to be sufficient to keep the building in a thorough state of repair.

The wages given to these artisans will be guided by those common in the district in which the asylum is situated, but a shilling or two a week should always be allowed, so as to induce the best men to come forward. It will be noticed that those artisans whose wages are charged to maintenance perform work

such as a tenant of any dwelling-house would be expected to pay for, while those charged to the building account are employed on such things as would be defrayed by a landlord, and this is the ground on which the division is based.

SCOTLAND.

There are in Scotland about 12,300 lunatics: 1,900 of these are private patients whose maintenance is wholly defrayed out of private sources: the remaining 10,400 are maintained chiefly out of the parochial rates and at the expense of the State. The private patients are provided for in three different ways. By far the largest number (1,481) are under care in the public asylums; 156 only are in private asylums, and 128 in private dwellings. The pauper patients of the country are placed in the public asylums. A large proportion, however (about a fifth of the whole), are boarded out in the houses of the peasantry throughout the kingdom. By the Act of 1857, and subsequent Acts, the following establishments for the care of the insane were recognised in Scotland. The royal or chartered asylums, which were in existence prior to the Act of 1857; the district or county asylums; the parochial asylums; and the lunatic wards attached to poor-houses.

I.—THE ROYAL ASYLUMS.

There are seven of these asylums; they were the outcome of the charitable and humane instincts of the community prior to the lunacy legislation. They were established at different periods. They are variously endowed by generous founders, and one of their chief objects is to provide suitable accommodation for the treatment of those who at one time occupied good positions in society, but who are, either through their mental disease or other misfortune, unable to pay the higher rates of board in private asylums. There has thus in Scotland, up to the present day, been ample provision for insane persons of the middle and educated classes, to whom the associations of a pauper asylum would have been unbearable. As their usefulness increased, it was found that the strain upon their charitable funds was too great, and these asylums therefore laid themselves out for the reception of private

patients, paying the higher rates of board. The opportunity is readily taken advantage of by the richer classes, and the profits obtained from these cases are applied towards providing improved buildings and increasing the comfort of those only able to pay the lower rates: How large this profit occasionally is may be seen from the reports of the Corporation of the Royal Edinburgh Asylum, where it varies from £3,000 to £5,000 a year. With the two exceptions of Perth and Glasgow, the royal asylums of Scotland contract with certain of the District Lunacy Boards for the maintenance of the pauper lunatics belonging to parishes within the several districts. Each of the five contracting royal asylums contains on an average 330 pauper lunatics, the number varying from 271 in Dundee to 500 in Edinburgh. The maintenance rate charged by the asylums for each patient varies from £25 per annum in Dumfries to £31 in Edinburgh. Generally this rate includes a proportion intended to go to the building fund, and is virtually rent, while extensions of the building for paupers are also defrayed mainly from this source. As a rule, the buildings for the accommodation of the pauper and the private patients are separate and distinct. They are, however, within the same grounds, and under the control of one physician superintendent. This system has many advantages. They are briefly as follows. 1. That in an asylum unsupported by rates structural and decorative improvements can be carried out at the expense of the corporation without any temptation to encroach upon the money received for the board of the pauper patients. 2. That the pauper patients participate in, and benefit by, many of the amusements and recreations provided for the wealthier patients. 3. That much of the labour is performed with mutual benefit by the pauper patients.

II.—DISTRICT ASYLUMS.

There are twelve district asylums. They each contain on an average 260 patients; the actual numbers varying from 100 in Haddington to nearly 500 in Inverness. The district asylums in Scotland correspond to the county asylums in England, with this difference, that, as a rule, two or more counties in Scotland combine to form a district. In the Act of 1857, under which the district asylums were constituted, it is provided that these asylums should be built and completely equipped for the reception of patients at the expense of a special assessment leviable upon the counties and burghs forming the various districts. The obligation

for the first year is only to pay the superintendent and staff if the payments from parishes for the maintenance of patients shall be insufficient for this purpose; *see* Section 55 of 20 and 21 Vict., c. 71. It is further provided that all the after expense of keeping in repair, altering, or extending the buildings shall be defrayed in the same manner. This is termed the "providing account". The District Lunacy Board, which corresponds to the Committee of Visitors in England, charges a fixed sum per annum for the maintenance of each patient, which sum is paid to the District Board by the parish to which the patient belongs, and is dealt with in what is termed the "maintenance account". The sum charged by the District Boards for maintenance varies from £19 18s. 8d. per ann. in the Argyle and Bute District to £27 10s. in the Stirling and Roxburgh Districts. With the sanction of the General Board of Lunacy the district asylums may be permitted to utilise the space not required for the reception of their pauper patients by taking in a limited number of private patients. The number and character of such cases is restricted by the fact that the private patients are treated in all respects precisely like the pauper patients. There are, therefore, only 111 private patients in the district asylums. By a decision of the General Board of Lunacy in 1888, four new lunacy districts, the City of Glasgow, the Barony, the Govan, and the Lanark Districts, were formed out of what had previously been known as the Glasgow District. The Barony Asylum, formerly a parochial asylum, in which the lunatics of the Barony are accommodated, will *now* become a district asylum. (New district asylums for about 600 patients each, are being erected by district boards for the City of Glasgow, the Govan, and the Lanark Districts.)

III.—PAROCHIAL ASYLUMS.

There are at present in Scotland six parochial asylums. They each contain on an average about 250 patients. The estimated cost of maintenance varies from £21 7s. 4d. per patient per annum in Greenock to £25 3s. 9d. in the Barony Asylum at Lenzie. The total cost of erection and equipment, together with the maintenance of the patients, is defrayed by the parishes to which the asylums belong. Perhaps the most notable of these asylums in respect of equipment, size, and decoration is the Barony Parish Asylum at Lenzie, which contains 600 patients, and is estimated to have cost over £300 per bed. It is, without doubt, taken as a whole, one of the finest asylums in Scotland.

IV.—LUNATIC WARDS OF POOR-HOUSES.

These institutions are attached portions of poor-houses set apart for and restricted to the reception of pauper lunatics who are not dangerous and who do not require curative treatment ; and it is important to observe that lunatic wards of poor-houses are under the Commissioners in Lunacy in Scotland, in the same way that asylums are. The sanction of the Commissioners is required for each patient admitted, and the wards require to be licensed by them. This places them on a footing quite different from lunatic wards in England. There are sixteen poor-houses, with licenses varying from sixteen inmates in the St. Cuthbert's Poor-house, Edinburgh, to ninety-nine in the Cuninghame and the Dundee East Poor-houses. These wards are under the supervision of the governor of the poor-house, who is responsible directly to the parochial board of the parish, or to a poor-house committee representing the parishes forming a "combination" of parishes associated for poor-house purposes. There are 876 patients under treatment in these poor-houses, equally divided with respect to sex. It is unusual for patients to be directly admitted to these wards. As a rule, the quieter and more industrious chronic patients are drafted from the royal and district asylums as vacancies occur. There are thus no acute, paralysed, or degraded cases ; most of the patients are strong, and capable of remunerative employment. The cost of maintenance varies from £14 8s. 2*d.* per patient per annum in the Buchan Poor-house to £25 3s. 7*d.* in the St. Cuthbert's Poor-house, Edinburgh. The existence of these wards in conjunction with the system next to be described forms a considerable outlet for the overcrowding which, from time to time, is apt to occur in the royal and district asylums.

V.—THE BOARDING-OUT OF THE INSANE.

There are at present 2,573 insane persons boarded-out in the houses of the peasantry throughout the country. Most of these patients have been in asylums, but having been found to be incurable and incapable of deriving benefit from their continued stay there, and having been found harmless to themselves and others, and in other respects suitable, they have been transferred, under sanction of the General Board of Commissioners granted separately for each case, to the houses of those willing to undertake their care. The motive which induces a working-man or a crofter

to undertake the care of a lunatic is either connected with the small profit to be derived from the board of one or two such patients, or from the assistance in farm or household work to be derived from their labour. The average daily cost of the maintenance of pauper lunatics in private dwellings, including clothing which is supplied by their parish, is 10½*d.* per day. This, however, includes both patients living with relatives, towards the cost of whose maintenance only a partial contribution is made, and also those boarded with strangers. The cost of boarding pauper lunatics with strangers is usually 6*s.* to 7*s.* a week, exclusive of clothing. The patients are frequently visited by the Inspector of Poor of the parish in which they reside; by the medical officer of the parish every three months; and by one of the Deputy Commissioners in Lunacy once a year. Each of the local officials makes an entry in a book kept by the householder in charge of the patient. This entry refers to the health of the patient, as well as to the condition in which the house is found at the time of the visit. A separate report is made upon each case to the General Board of Lunacy by the Deputy Commissioners.

GENERAL BOARD OF LUNACY.

The department of lunacy in Scotland is administered by a Board of Commissioners, located in Edinburgh, two of whom are paid medical commissioners. There is in addition a paid secretary and two paid deputy commissioners. In this Board is vested the control of all the asylums and houses in the kingdom for the reception of lunatics. Under the Act of 1857, among many other powers given to this Board is that of citing witnesses and examining them upon oath. The Board issues every year a report in the form of a blue-book, which is submitted to both Houses of Parliament by order of Her Majesty.

The distinguishing characteristics of the Scottish lunacy system are as follows :—

I.—THE PLACING OF PATIENTS IN ASYLUMS.

Every person, whether private or pauper, must before being placed in an asylum be examined separately, and certified by two medical men. These certificates, together with a statement, and a petition signed by the inspector of poor in the case of a pauper, or in the case of a private patient by a person stating the degree of relationship or other capacity in which the person stands to the

patient, must be laid before the sheriff of the county, who, if satisfied with the same, signs an order for the patient's removal to the asylum. In a case of emergency, where it is necessary to remove the patient to an asylum at once, without waiting for the sheriff's order, one of the certifying doctors fills in the certificate of emergency, attached to each form. On that certificate the patient can be retained in the asylum for three days only, pending the reception of the sheriff's order.

II.—THE REMOVAL OF PATIENTS FROM ASYLUMS.

When a patient has recovered he is discharged simply upon the authority of the medical superintendent. If a patient considers himself unjustly detained, it is in his power to appeal in writing to the Commissioners in Lunacy, or to the sheriff of the county. In the latter case the sheriff may, if he sees fit, appoint two independent medical men to examine the patient. Should the result of the examination show that the patient is not insane, or that the patient may be liberated without risk of injury to the public or to the patient, the sheriff may order his immediate release. When an unrecovered pauper patient has ceased to require asylum care the parochial authorities may, with the sanction of the General Board of Lunacy, remove him either to the lunatic wards of a poor-house, or board him in a private house in the country.

III.—MANAGEMENT OF ASYLUMS.

The Scottish asylums are administered by boards of management. In the case of the royal asylums these boards are elected annually by the corporation. The corporation is a body composed of persons hereditarily holding the office, of persons appointed *ex officio*, of persons who become life-members by virtue of contributions, and of persons elected by public bodies. The election of members of committee, of office bearers, and of officials is conducted according to the articles of corporation. The district asylums are administered by representatives from the county councils, along with representatives from the town councils included in the district. The parochial asylums and lunatic wards of poor-houses are administered by committees of the parochial boards of the parishes to which they belong. The superintendent of the asylum and the chief officials are elected by these boards of management ; and with the superintendent lies, as a general rule, the appointment

of the subordinate officials and servants. The superintendents of the royal and district asylums, with the exception of the three smallest district asylums, are all medical men. Of the parochial asylums, with the exception of the Barony Parochial Asylum, near Glasgow, the superintendents are laymen. All asylums are inspected by the Commissioners in Lunacy twice a year. An entry, containing the result of the inspection, is made in the patients' book at the asylum, and annually reproduced in the Commissioners' blue-book.

The Scottish asylums are much smaller than the English asylums. The largest number of patients in any of the royal asylums is in the Edinburgh Royal Asylum, which contains 852 : 352 of whom are private patients and 500 paupers. In the district asylums the largest number is at Inverness, where there are upwards of 470 pauper patients.

In the District Asylums the official staff consists generally of one physician superintendent, one assistant physician, one clerk and treasurer, one chaplain, a house steward, a matron, a head male attendant, and (varying with the opinions of the medical superintendent) one attendant to from ten to twelve patients.

In the case of the royal asylums, where there are separate establishments within the grounds for private patients, the official staff is much increased. Thus, in the Royal Edinburgh Asylum there are three assistant physicians, three matrons, and two head male attendants. There are, as a rule, no visiting physicians, except where there is a lay superintendent. Many asylums appoint consulting physicians and surgeons, but their duties are nominal and honorary. The governing body of each asylum appoints a public and independent auditor, who examines the accounts periodically. The accounts of each district asylum are kept on a uniform plan, and are annually submitted for revision to the general board of lunacy in Edinburgh.

The royal asylums are permitted by law to grant pensions, not exceeding two-thirds of the salary, to officials and servants who have been upwards of fifteen years in the service of the asylum. In the district and parochial asylum service no provision is made in the Lunacy Act for granting pensions to the officers or servants.

The night inspection of patients in the Scottish asylums differs materially from the form in vogue in England. In Scotland there is no special supervision of epileptic patients. There are generally only four night attendants in an ordinary asylum, two on the male, and two on the female side respectively. One attendant on each side

is posted in the admission dormitory, which contains the new and the actively suicidal cases. The other attendant makes periodical visits to the different dormitories during the night. There are no artificial means, such as tell-tale clocks, used to detect any evasion of duty. The amount of space officially allotted to each patient is reckoned by floor space, and not by cubic space. In the ordinary day-rooms 30 to 35 square feet is allowed to each patient. In dormitories, 60 to 65 square feet. In the hospital wards, or day-room dormitories, as much as 85 to 90 square feet is required. In dining-halls, 12 to 13 square feet.

Within recent years, especially in the newer asylums, much attention has been devoted to the furnishing and decoration of the wards and corridors. In the newer asylums, and in the older which have been re-decorated, the floors are laid in polished pitch-pine. The walls have a "dado" of wood, sometimes pitch pine, sometimes yellow pine or oak, simply ornamented, while further up they are tastefully papered or painted. On the walls pictures are plentifully hung; the fire-places are ornamentally tiled, and rugs are laid on the floors.

In the dormitories, which are lofty and well ventilated, the floors are laid in pitch-pine. The beds, as a rule, are made of ash or birch, and a neat strip of carpet is laid at the side of each bedstead. The corridors, which are wide and well lighted, are laid in hard wood, polished, with a strip of linoleum in the centre, bound on either side with brass or wood. The lavatories, bath-rooms, and water-closets vary much, according to the age of the establishment, but in the newer asylums they are nicely tiled, well ventilated, and lighted. As little wood-work as possible is used in the internal fittings, *i.e.*, of lavatories and water-closets.

IV.—THE RESULTS OF TREATMENT.

In the royal and district asylums the proportion of the recoveries per cent., reckoned on the admissions for the year 1889 was 38. This is an exceptionally low rate, and compares unfavourably with previous years, when the average was about 40. In private asylums the recovery-rate is 46 per cent. on the admissions. In parochial asylums the recovery-rate for the same year was 42 per cent. on admissions, while in the lunatic wards of poor-houses it fell to the low figure of 4 per cent. This latter rate is easy of explanation, because, as has been already pointed out, the insane population of these poor-houses is composed of the

chronic, harmless lunatics, regarded as incurable, drafted from the larger asylums.

In the royal and district asylums the proportion of deaths, reckoned on the number resident, was, in 1889, 7.4 per cent. In the private asylums it was 6.4, while in the parochial asylums it rises as high as 9.1 per cent. In the lunatic wards of poor-houses it falls to 4.9 per cent. This low rate is due also to the selected character of the inmates.

In connection with the boarding-out system it is interesting to observe that, in 1889, 5 per cent. of those sent out to board in the country recovered, while the death-rate of the total numbers so domiciled was only 4.5 per cent. This latter fact points to the singularly healthy nature of the boarding-out system. The results of treatment in Scottish asylums are not to be entirely judged by the absolute number of recoveries, for many patients are annually discharged, more or less improved in body and mind, who are either sent to the care of their relatives, or boarded-out in private dwellings, or placed in the lunatic wards of poor-houses.

V.—OTHER CHARACTERISTICS.

In addition to the boarding-out system, no description of Scottish asylums would be complete without reference to two other distinguishing features in administration, viz., the almost general abolition of airing-courts which took place twelve or thirteen years ago, and a general movement in favour of what is termed "the open-door system". The first of these changes was, in the country asylums especially, an improvement fraught with incalculable benefit to the patients. It has greatly increased the occupation of the male patients as farm labourers and gardeners, while to all the patients it must have had the effect of, to a great extent, removing the prison element from their existence.

Of the attempt to introduce the second of these changes so much good cannot be asserted. It is true that in one or two asylums the officials make it their boast that one can pass from end to end of the building without unlocking a door; but in most asylums the system of locked doors, where they are really necessary, has either been all along adhered to, or, after an interval of experiment, re-adopted.

IRELAND.

On the 1st January 1890 the registered insane in Ireland were thus distributed :—

In District Asylums	.	.	11,180
„ Private „	.	.	637
„ Gaols	.	.	1
„ Poor-houses	.	.	4,165
„ Criminal Asylum	.	.	176
<hr/>			
Total	.	.	16,159

DISTRICT ASYLUMS.

It will be seen that these institutions contain considerably more than two-thirds of all the registered insane. They are the public asylums of the country, and correspond to the English county and borough asylums. They have hitherto radically differed in their mode of government from these institutions in some important particulars. The size of a “district” has been determined by the Lord Lieutenant of Ireland and the Privy Council. A district may consist of several counties, and never contains less than one. District asylums are denominated from the towns in or near which they are situated, save in the case of the Dublin District Asylum, which is named “Richmond”, in compliment to a former Lord Lieutenant.

District asylums are built by a body called the Board of Control of Lunatic Asylums, consisting of the Commissioners of Public Works in Ireland and the Inspectors of Lunatics, whose functions correspond generally with those of the English Commissioners in Lunacy, with the addition recently of two lay members. In this Board asylum buildings and estates are vested, and no additions or material alterations can be carried out save through it. Loans of money for purchasing land and for building are obtained from the Treasury through the Board of Control, and are refunded by the contributing counties by means of payments spread over a number of years. The place held by committees of visitors in England is taken by bodies called boards of governors, who are appointed by the Lord Lieutenant. In country districts the governors have up to the present been chiefly appointed from among the class that

has supplied the county grand juries. Of late years the grand juries of some urban bodies have nominated individuals for appointment as governors by the Lord Lieutenant, and it appears probable that this mode of procedure will soon be generally adopted. The management of the asylums in Ireland has therefore been much more that of a Government department than in England. The Act xxx and xxxi Vict., c. 118, gives to the Lord Lieutenant and Council the power of regulating the staff of any district asylum, and of drawing up rules for the general management of these institutions, such rules having the force of statute. Until recently officials of all grades in Irish district asylums were eligible for pension under the Civil Service Superannuation Act. In the last session of Parliament an Act was passed empowering boards of governors, with the consent of the Lord Lieutenant, to grant pensions similar to those permitted by the English law.

The district asylums are supported by two sources of revenue. The Treasury supplies as rate in aid, 4s. per week, or £10 8s. per annum per head; and the residue is paid from the rates of the contributing counties. The Treasury grant appears sometimes to form almost five-eighths of the expenditure in certain asylums, and on the average it exceeds one-half. We find from the Inspectors' Blue-Book for 1889 that the average cost of each patient in the district asylums for that year was £20 0s. 11d., or almost exactly 7s. 8½d. per week. Unfortunately, only one of the district asylums publishes with its annual report a table showing the weekly cost under various heads, so that a comparison of the details with those of English asylums is not possible. In endeavouring to estimate the comparative cost of the working of asylums in the two countries, it must be borne in mind that no distinction exists in Ireland between maintenance and building rate, and that although the Board of Control is the nominal landlord, the item of "repairs and alterations" included among the heads of ordinary expenditure is annually a heavy one, amounting on a general average to more than £500 a year, and in some of the larger asylums reaching considerably over £1,000 per annum. When this is taken into consideration it will be seen that the cost of maintenance is low in Irish compared with English asylums.

This cheapness is, no doubt, in part due to small salaries, and the comparatively low value of labour in Ireland, but it cannot be denied that a spirit of economy exists, which would not elsewhere be considered consistent with due provision for the insane. The

asylum buildings themselves are very poor. That they are plain to the verge of wanton ugliness might perhaps be defensible on the ground of frugality, if they were at the same time suitable in other respects; but this, unfortunately, cannot be said at least of most of them. Everywhere the windows incline to be too high from the ground: in many places they are too small. In some asylums, even in those constructed within the last forty years, old-fashioned iron window-sashes are in use, which will neither open nor close properly. Flagged corridors are not unknown, nor were flagged single rooms till very recently. All internal stone and wood work is of the rudest and poorest description. Means of ventilation are quite primitive. In most asylums there are no means of heating single rooms and dormitories, and generally the day-rooms are heated by means of old-fashioned cavernous grates, huge, ugly, and wasteful, commonly protected by hideous iron cages. The sanitary appliances in some of the institutions have recently been found to be in a truly shocking condition. This is, perhaps, the less to be wondered at as the science of hygiene is in a very backward state in Ireland. Whitewash is freely used where paint is preferable and better, and communicates to everything around its own inevitable chill and pauperising tone. Kitchens, laundries, and other offices are usually on a par with the wards in faulty construction and defective fittings.

The quantity of land attached to the Irish asylums is singularly small. Down possesses the largest, 110 acres, of which, however, twenty-seven are covered by buildings, or are otherwise unavailable for cultivation. The asylums for Waterford and Kilkenny, though both are entirely agricultural counties, possess farms of only twenty-five acres each, nine acres being unavailable for cultivation in the former, and fifteen in the latter. The entire twenty-two asylums hold 1,020 acres, and the average quantity cultivated amounts to little over thirty-two acres. In these unfortunate circumstances the custom of the country seems to have been blindly followed, without looking to the fact that the land of "small holdings" is just the place where it is difficult to find employment for patients without having an abundance of farm land.

The dietary in use in the Irish asylums, and the clothing of the patients, are very inferior to those of English institutions.

But the thing which most strikes a visitor from England is the bareness of the wards and the absence of furniture. Plain, oblong deal tables, and plain deal forms, without backs, are, to say the

least, not unusual objects in the day-rooms, and floor covering of any sort is the exception. Windows are usually unprovided with blinds or curtains, and rooms are not commonly studded with wood—never, we believe, as part of the original construction. It is probable that no workhouse in England presents nowadays so gaunt and cheerless an appearance as may yet be found in many Irish asylums. It need hardly be said that no large public institution can be truly home-like, particularly to the very poor; but just for that reason a certain cheery brightness—not to speak of substantial comfort—is requisite to take away those appearances that serve as perpetual reminders of the prison and the almshouse, and affect most injuriously the mental state of the insane. Everyone with any experience of lunacy must have noticed what an effect surroundings of a bright, cheerful, and pleasant kind have, even upon very bad classes of patients, and how easily patients become brutalised from the neglect of these seeming trifles. But it does not require a specialist's experience to demonstrate the value of these things. Every man recognises them who sets up a gin palace and lavishes his capital on gaudy painting and gilding, on stained glass and bevelled mirrors, on marble-topped counters and carved oak fittings.

It must be said that the majority of Irish asylum superintendents have manfully striven to improve the material condition of their unfortunate charges, and under circumstances of great difficulty. The country is poor, money is hard to get, and asylum governors, though not unkindly, are timid as to expenditure, aware that their non-representative mode of appointment leaves them open to the charge of extravagance. The real origin of the present state of affairs must be sought in the failure to arouse and educate public opinion on the part of those whose function it was to have been incessant, in season and out of season, in urging on the public the plain duties that are owing to the insane. Already, though the gentlemen who now hold the office of Inspectors have been in office but a few months, boards of governors who had been quiescent for years have been induced to take vigorous action by the representations that have been authoritatively made to them, and much improvement in the future is hoped for from the same source.

The size of the different districts varies very much, and also the size of the asylums. Kilkenny Asylum, the district of which consists only of the county and town of that name, contained the smallest number of patients on the 31st December 1889, namely,

301. The Richmond (Dublin district) Asylum, the district of which consists of the city of Dublin, the Counties of Dublin, Louth, and Wicklow and the town of Drogheda, contained the largest, 1,309. There is no minimum limit laid down either of floor space or of cubic space. It is believed that at one time the Board of Control issued rules as to asylum construction similar to the well-known "Suggestions and Instructions" of the English Commissioners, but they have been long ago out of print, and the principles adopted in allocating accommodation can now only be conjectured in most cases. Certainly the amount either of floor or cubic space is generally below what would be considered desirable in England. The legitimate accommodation (*i.e.*, the accommodation as fixed by the Board of Control) is so much exceeded in many cases that a point of extreme overcrowding is reached. Thus the Richmond Asylum contained, at the end of 1889, 209 patients above the legitimate accommodation of 1,100. The Mullingar and Belfast Asylums were proportionately even more overcrowded, the former containing an excess of 149 over its proper number, 430, the latter exceeding its legitimate number, 550, by 103.

In Ireland, as in England, and Scotland, there is always a demand for increased asylum accommodation. The taxpayers grumble, and various steps are from time to time suggested. Nothing is done till the over-pressure becomes intolerable, and then a new asylum is built on the old lines, or further additions are made to an existing institution. The notion of erecting asylums of different grades has from time to time attracted public attention, and plausible arguments have been urged in its favour. The more insanity is studied, however, the more difficult it is seen to be to make a distinction between acute and chronic cases. In fact, a fallacy lurks in the very use of these terms, which are employed now to denote duration, now to denote relative severity of symptoms. A case may be perfectly chronic as to duration, and require just as much care and just as much medical skill as a recent case. "Curable" and "incurable" are terms which the experienced specialist dares not use with the glibness with which they are often employed. Save in a small, and, as we hope, a decreasing number of cases, there is no absolute criterion of incurability; and, if there were, a case now pronounced incurable is quite possibly a case that appeals more strongly to the charity of the philanthropist and more keenly to the interest of the physician than one in which the probabilities

of recovery amount almost to a certainty. Often as the scheme of having asylums of various grades has been advocated, and no doubt honestly advocated, no one has succeeded in showing how it can be worked.

The notion recently started so vigorously in England, of instituting an asylum manned by non-specialists, or by specialists in other subjects than insanity, has not found much support in Ireland. It is already in a manner familiar in that country, and the success that has resulted from many generations of trial has not been satisfactory. It is recognised as being as contrary to common sense, as it certainly is to the entire current of modern medicine, to promote the study and the improvement of a specialty by taking it out of the hands of specialists. Is it in this way that any special branch of medicine has been raised to a separate rank, has been extended or brought to a high pitch of scientific excellence? There is in Dublin a hospital for obstetrics and gynæcology of world-wide reputation—the Rotunda Hospital. Who would think of taking it from under the control of the eminent specialist who may at any time have charge of it, and placing it in the hands of a committee of general practitioners? Who would do similarly in the case of an ophthalmic hospital? or, indeed, any special hospital? The example of Germany, which is sometimes referred to, disproves the case of those who propose a change in England. It is quite true that institutions are there attached to the universities or great hospitals into which recent cases of insanity are received and treated before being draughted to asylums in the country. But for what purpose? Solely as centres for teaching. These “cliniques” are ruled by the specialist professor, who is only allowed to devote himself to his own special subject. In time, no doubt, mental and nervous diseases will be as thoroughly understood and as carefully taught in the United Kingdom as in Germany, and the specialising tendency which has created our modern chairs of anatomy, physiology, and pathology, not to mention the older specialties, will not be reversed to make an exception of psychiatric medicine.

PRIVATE ASYLUMS.

According to the last report of the inspectors, there were, at the close of the year 1889, 637 patients under care in private asylums in Ireland. These were distributed over twenty-four establishments, of which, however, nine contained not more than six

patients. The inspectors guardedly remark that "the condition of these houses, with some few exceptions, is not perfectly satisfactory". It is well known that this statement conveys a mild judgment on the majority of the receptacles for private patients in Ireland. It has been understood for many years that the inspection heretofore accorded to these institutions, however benevolently designed, was not precisely of the same searching and elaborate character as the inspection of the English and Scotch Commissioners. We are not of those who believe that the proprietors of private asylums are endowed with any greater measure of depravity than falls to the lot of ordinary men. We trust that instances of downright unscrupulous dishonesty are as rare among that class as among any other. We further think that there will always be room, nay, necessity, for a few first-class private asylums, and this even in poverty-doomed Ireland. But, taking into account the powers possessed by persons holding licences, which the State is bound to watch most jealously, taking into account the temptations to which they are exposed, through the parsimony, carelessness, ignorance, and dread of lunacy which are so common among the relatives of the insane, and considering also the numerous opportunities that the very nature of the case places in their hands, we must say we are strongly of opinion that private asylums, if they are to be conducted in a manner entirely satisfactory to the public conscience, should be under a system of the strictest and most rigorous supervision. Such a system would, we are sure, be hailed with satisfaction by the proprietors of some of the Irish private asylums. There are a few first-class institutions, the character of which, we are glad to say, deservedly stands high. The proprietors of these asylums are, as the proprietors of private asylums always ought to be, medical men and men of unblemished reputation. Of some of the second-rate asylums less can be said. The meagre and rosy-tinted generalities which formerly characterised the Blue-Book tell little. The present inspectors speak of many licensed houses which "contain but two or three patients, whose contributions towards their support will hardly admit of due provision being made for their proper care". From the same source we hear of restraint being used continuously in some establishments, in others "without any order from the physician, and without any record of its form and duration". (Annual Report for 1889.) Happily, it is manifest that a better day is dawning for Irish private asylums and their inmates.

By one of those curious anomalies of which the Irish Lunacy Law presents so remarkable a crop, it is not considered necessary to have a visiting physician in the case of proprietary asylums. This shows admirably, either that these offices in district asylums are comfortable sinecures, which the law generously provides out of the public rates, or else that the proprietary asylums are considered in Ireland to require less supervision than the public—a notion so monstrously contrary to the experience of the whole world, that we can only account for it through that love of singularity, even in lunacy, which characterises our lively neighbours.

Included among the Irish private asylums are some institutions which in England we would call lunatic hospitals. The provision for middle-class patients in Ireland is lamentably deficient. It is, of all countries, that in which the best and easiest provision could have been made. In Ireland, the patients in public asylums are not legally paupers. They are admitted either on the warrant of a magistrate as being dangerous to the public peace, or by the board of governors, on an application from a relative. In neither case are they placed on the poor-list, and in both cases they are maintained out of county rates, and by the Treasury, not out of the poor-rate. This arrangement looks as if it were designed to facilitate the admission of paying patients and to discourage pauperism; but, as usual, it is defeated by the regulations which prescribe a special, expensive, and tedious mode of admission for paying patients, and forbid that they should be treated in any way differently from ordinary patients. As might be expected, the contributions of paying patients are so inconsiderable that they do not form an appreciable source of income, and all the district asylums contain free patients, whose friends would willingly have paid small sums towards their support if there had been suitable provision for them.

The oldest institution for the insane in Ireland is the chartered St. Patrick's Hospital, founded by Dean Swift, and generally known by his name ("Swift's Hospital"). It has for a long time received only middle-class patients. It should have been, under proper management, the Bethlem, if not the Morningside, of Ireland, and its miserable history is a sufficient commentary on the whole state of the specialty in that country. The general conduct of the establishment has been in the hands of a committee, consisting, in part, of certain dignitaries of the Protestant Episcopal Church, and,

in part, of lay successors of the original committee, who are self-elected. In former times the management is understood to have been entirely clerical, and to have been by no means free from scandal, nor has it been very much better in quite recent years, though other elements are now represented on the board. In 1879 one of the numerous abortive commissions that have from time to time sat upon Irish lunacy affairs reported thus on "Swift's":—"We feel ourselves compelled to state that St. Patrick's Hospital, though possessing an ample endowment, with an accumulated fund in bank of £20,000, and situated in the metropolis, is yet, in many respects, one of the most defective institutions for the treatment of the insane which we have visited. . . . The hospital is not lighted with gas 'for fear of explosion!' and passages nearly four hundred feet long have, on winter evenings, no other light than that which is afforded by three or four small candles. . . . The patients wash in tubs in the day-rooms, the water having to be carried all through the house, as no supply is laid on"—for fear of inundation, we presume!

It is not very clear what has become of the Dean's grant or of the funded sum above referred to. The commissioners note that paying patients were, at the time of their report, rapidly outnumbering the free, and it is now understood, we believe, that only under exceptional circumstances—*i.e.*, through powerful private influence—will a patient be admitted free in future. The ordinary rate of payment is about £80 per annum.

The medical management was originally vested solely in the hands of a visiting staff. Some years ago the resident "master" was required to be a medical man, and, we understand, of late this office has been merged in that of resident medical superintendent. The institution was one of the latest strongholds of the worst forms of restraint. This has been done away with by the present enlightened medical superintendent, who, on taking charge of the institution some six years ago, appears to have done what Pinel did in France, and William Tuke in England, a hundred years before. Till the appointment of the present head of the asylum, incredible as it may appear, pierced chairs, in which the patients were strapped all day, were in every-day use for a considerable proportion of the patients. Surely if the great Dean could have foreseen the vile inhumanity with which his charity would have been misused, he would have struck out of his epitaph that mysterious sentence which has ever since moved the wonder and

pity of his readers.* We cannot but feel that a bitter indignation would still tear his heart asunder could he know that the asylum, founded under his will and bearing his name, would have been the last, in English-speaking lands, to relinquish the treatment by barbarous cruelty of the afflicted, with whom he had so deep a sympathy.

The Society of Friends (once a powerful body in Ireland) have founded a small asylum, containing thirty-seven patients, near Dublin (the Bloomfield Retreat), said to be managed on the same kindly principles which have distinguished the charities of that society.

Two institutions for private patients exist in the neighbourhood of Dublin, which are the property of religious communities belonging to the Roman Catholic Church. One, for males, is called the House of St. John of God; the other, for females, St. Vincent's Asylum. The former contains twenty-eight patients; the latter one hundred and eight. The rates are moderate, but the activity of these institutions is restricted, in the case of the former, at least, by the possession of such limited means of dealing with acute or violent cases, that any patients who are not moderately tranquil cannot be retained. The medical care of both institutions is in the hands of a visiting staff.

The Stewart Institution, situated at Palmerstown, near Dublin, is a mixed asylum, containing, at the close of the year 1889, fifty-seven lunatics and sixty-nine idiots. The former are private patients, chiefly, if not altogether, of the tranquil class. The average rate of payment is understood to be £52 per annum. The idiots are supported on a foundation established under the will of the late Dr. Stewart. This is the only institution in Ireland where idiots are specially treated, or where any attempt is made to train or improve this unhappy class. The idiots are mostly the children of poor folk, and are elected to fill vacancies in the list as such occur. The entire institution is managed by a committee and a resident medical superintendent.

* The humorous verses on his own death are well known. A different aspect of his complex character appears in the terrible Latin epitaph, written shortly before the beginning of his last sad illness, and inscribed, according to his wish, above his grave in the cathedral of which he was Dean. He there refers to his place of sepulture in these words: "*Ubi saeva indignatio ulterius cor lacerare nequit.*"

THE INSANE IN WORKHOUSES.

By a process of drifting, a large number of destitute insane get into workhouses. On the 31st December 1889, 4,165 were thus located. Of these, 1,977 were idiots and 2,188 were lunatics. Under statute, the governors of an asylum have the power to board their lunatics in workhouses, and pay over to the guardians the amount of the rate in aid. This has been done only in one or two places, and the results are understood to be the reverse of successful. In the last Blue-Book the inspectors thus report: "The only plea for the detention of the lunatics and imbeciles at present in the various union workhouses, and not under legal contract, is that they are destitute persons. It is therefore not to be wondered at that the provision for the proper care and maintenance of harmless lunatics and idiots in these institutions does not meet the requirements of this helpless class." Those who know anything of Irish workhouses will feel that this is not an exaggerated statement. The interior of an English gaol presents an appearance of comfort that might be called luxurious when compared with an Irish workhouse. It is very sad to think of the number of probably educible idiots that must exist whose case seems, up to the present, to have touched no one's heart, and in whose behalf humanity has, in Ireland alone of all civilised countries, been dumb.

BOARD OF GOVERNORS.

The board of governors, as above mentioned, corresponds in a general way to the English committee of visitors. Their duties are defined to be first of all "to examine into all fiscal details and the general management of the asylum", "to discharge the ordinary business of the institution", and to inspect the house and enter a report of their inspection upon their minutes. They meet once a month in all asylums except the Richmond, where they meet once a fortnight. They do not report annually on the management of the asylum, and in some places the rule as to inspection on ordinary days of meeting is disregarded. The board of governors appoints all members of the staff save the resident medical superintendent, their appointment being subject in the case of "officers" to the approval of the Lord Lieutenant, which is a mere matter of form. The appointment of servants (attendants, nurses, etc.) belongs

legally to the governors, who in many asylums delegate this work to the medical superintendent. Unfortunately, they forget to deal similarly with punishment and dismissals. The power of the governors is limited by regulations which forbid them to alter the staff numerically or otherwise, or the pay of any member thereof, or to make any new regulations with regard to discipline or management without a Council order. These restrictions, together with the claims of the Board of Control to build or alter asylums independently of the governors, have occasioned from time to time much irritation.

As a general thing medical superintendents have usually been so fortunate as to secure the confidence of their governors, and can commonly count upon their support in matters not connected with "patronage". In a country-place the governors often take a kindly interest in the superintendent, with whom they are on terms of social intimacy, and whom they regard as being an amiable if somewhat expensive "faddist". That occasional examples may be cited of misused power and arbitrary domination is of course only natural. But one of the Irish asylums, that of the metropolis, the Richmond, has adopted the unfortunate model which made the Middlesex asylums notorious. This institution was the last in Ireland in which the office of medical superintendent was added to the staff a little over thirty years ago, and for many years that officer was not accorded the position he holds in other institutions. Indeed, to judge from the complaints of the late distinguished superintendent, the place in the board-room, from which he was excluded, appears to have been taken by one of the late inspectors, who acted as assessor to the board of governors. Why this strange deviation from the entire spirit, and seemingly from the distinct letter, of the Privy Council Code was adopted or permitted is entirely inexplicable. The consequences occurred that might have been expected, and it was but too well known a few years ago, how the chronic state of indiscipline that ruled the institution was only interrupted by an occasional open revolt.

THE PRIVY COUNCIL RULES.

The code of rules and regulations for the management of district lunatic asylums in Ireland, established by the Lord Lieutenant and Council, are usually known by this briefer title. As mentioned above, they have at least nominally the force of statute. It is

perhaps not peculiar to this code that it is scarcely possible to keep all its regulations, though often highly dangerous to break them. It is a singular monument of the peculiar statecraft that long held sway with the advisers of the Irish Government. As far as any glimmer of a general principle can be seen through it, its design seems to be to exemplify the cunning motto of the old Roman, *Divide et impera*, for, unless it has been framed for the express purpose of giving perpetual opportunity for the intervention of the central powers, it is impossible to see why it should contain, as it does, numerous enactments, manifestly intended to produce a perpetual state of unstable equilibrium, and to paralyse all just authority either of the board of governors or of the medical director. The rules, besides, have the faults ordinarily found in regulations drawn up by persons entirely ignorant of the matters to be regulated. They often contradict each other. They are absurdly minute on subjects on which they ought to be silent, or deal with only in the most general way; while, on the other hand, they avoid some of the most important subjects connected with asylum management, and are so brief, vague, and halting in most of their sections that they are perfectly useless for the common purposes of such a code, *i.e.*, to furnish a standard of appeal in cases of difficulty.

It is to be regretted that the compilers of these regulations did not take counsel with some one familiar with asylum work. If such an individual could have been found, who would have taken a wide view of the subject, and not merely striven to do what would have temporarily pleased a bureau, it would have been no doubt suggested that the differences between different asylums and different districts were too great to permit of a thoroughly effective code being drawn up for all, and that the board of governors, assisted by the medical superintendent, should in each asylum draw up rules for its internal discipline and management. Over these rules the Lord Lieutenant could have exercised the same control which the Home Secretary does in England over similar regulations. The questions arising out of the relations of the board of governors, or the superintendents, to the inspectors of asylums, the board of control, or other representatives of the central authority, together with the duties, functions, and powers of the board of governors, and of such departmental officers as are appointed by the Lord Lieutenant, could have been dealt with, if not by statute, yet by a statutory code, quite distinct from that which lays down the special rules for the internal management of each asylum. Thus the

maximum of power and authority which is desirable would have been left in local hands, while conformity in essential things could always have been enforced. The medical superintendents would thus have been placed on a proper footing with their board, while the latter would have learned, in the exercise of a less trammelled power, to feel their own responsibilities, and to take an interest in the institutions which they govern.

RESIDENT MEDICAL SUPERINTENDENT.

This officer is appointed by the Lord Lieutenant of Ireland. It has been supposed that class and party feeling run so high in Ireland, that fair appointments are only to be looked for from the Government, and that, therefore, it is well to retain so important an office in Government control. On this ground, what would in England be considered a rather unfortunate division of authority is defended. It is quite true that one would not, perhaps, expect to find the hardest working practitioners or the keenest scientists among the ranks of even the cleverest party canvassers ; and it is also true that the advisers of the Irish Government could avail themselves of means that are hardly at the disposal of boards of governors to ascertain where hard-working and advanced men are to be found, but somehow the feeling is universal that these posts are actually given away almost wholly from political considerations. It is the emphatic testimony of many old Parliamentary hands in Ireland that there is no office under the Crown for which there is more canvassing, direct and indirect, personal and political. It is clear that training as an assistant medical officer, or previous specialist experience, are not always regarded as indispensable, and no applicant trusts to these qualifications without other support. The tone thus given to the service is certainly not good.

The functions of the medical superintendent are much the same, in a general way, as in England, but his power is less and his responsibilities are greater. To the general public he represents the asylum. All contracts are drawn up in his name ; all orders bear his signature. If anything goes wrong he bears the blame ; he is the subject of a legal action, or he is pilloried in the local papers. If his asylum is to be improved, he must exert himself much more than an English superintendent, for he has to face (or perhaps we should say, till recently has had to face) opposition from all quarters. Indeed, it may be broadly laid down that every

improvement that has been effected in an Irish asylum has been inaugurated by the medical superintendent. He must prepare and submit to the board annually a report on the condition of the asylum, which the board publishes, without adding a report of their own. It is stated that he "shall superintend and regulate the whole establishment, and is to be entrusted with the moral and general medical treatment of its inmates" (Privy Council Rules). In accordance with the position he thus occupies, he is called upon by the Rules to see that all officers and servants acquit themselves of their duties, and to report any neglect thereof to the board, and he also reports to each meeting on the general condition of the asylum, and so forth.

He has, nevertheless, much less authority than might reasonably be supposed. Legally, he has no voice in the appointment of any of his subordinates. With regard to the post of "officers", he is rarely allowed to exercise any influence whatever. He is sometimes allowed to appoint "servants" (*i.e.*, attendants, nurses, and the like), but never to dismiss them. His power of punishment is, in the case of most offences, strictly limited to reporting to the board of governors, who use their own discretion as to what their sentence shall be ; and a very marvellous discretion it sometimes is. But in cases of cruelty, drunkenness, or insubordination, the medical superintendent is armed with authority to suspend a servant until the next meeting of the governors—a power which the judicious superintendent is chary of using, as it is apt to lead to the humiliation of having the offender reinstated, in spite of his authority.

CONSULTING AND VISITING PHYSICIAN.

Those who have forgotten the history of visiting physicians in England, and why they were abolished, and who now imagine that some use might be found for such officers, would do well to examine closely into the working of the Irish system. If the Irish public asylums are better worked than those of England, the question would remain to be argued whether the superiority is due to the retention in Ireland of a visiting staff ; but as the inferiority of the Irish asylums is so manifest, and so universally acknowledged, it is clear that the only claim which the advocates of the retention of this office can put forward is that the asylums in Ireland would be worse without them : a possibility which need hardly detain us. No

doubt the great negative value of the Irish evidence is felt by those who have recently been suggesting the experimental adoption of the office so long ago discredited in this country, for they never appeal to the case of Ireland, though it should form their strongest weapon if their contention be just.

It may be asked why this office has been retained only in Ireland—that portion of the United Kingdom which can least afford to pay for the luxury of superfluous and sinecure offices. It may well be conjectured that the same general principles which actuated the advisers of the executive in framing the Privy Council Rules operated in causing the retention of visiting physicians under this code. The perfectly unworkable regulations can only have been intended, by dividing authority and responsibility, to produce weakness. No doubt, however, the further object was attained of flattering the boards of governors by placing patronage in their hands. The Government, having retained the power of appointing medical superintendents, threw the visiting physicians to the boards. The latter bodies were not sorry to keep a little influence in their own possession, when they could do so with an easy conscience, under the shelter of Government regulations. Accordingly, in most places the visiting physicianship is simply an item among the small “appointments” that go to aid the practitioner of a country town. If the “board” are friendly, the post can be transferred along with the other perquisites of a practice, or may even be hereditary.

The chief duty required of the consulting and visiting physician is to visit the asylum daily at an indefinite hour before 1 P.M., and to consult with the medical superintendent on all cases of sickness and on all special cases. Happily, this is usually either not carried out at all, or only in the most perfunctory manner. It is obvious that a daily detailed consultation in a large asylum would occupy virtually the whole morning, and would simply leave no time for any other work. As it is, the interruption and loss of time during the most important working hours of the day that arise from the present arrangement are, without doubt, the chief cause of the paucity of work of any kind, whether administrative or medical, which characterises the record of Irish asylums for the last half-century. One very singular duty falls upon the consulting and visiting physician. He is required, in consultation with the R. M. S., to examine into the mental condition of every patient who is about to be discharged, and in conjunction with that officer

to sign the medical certificate which must be submitted before the board of governors can discharge a patient. In other words, it requires the certificates of two gentlemen, more or less specialists, to obtain a patient's discharge from an asylum, although more than 90 per cent. of patients in Ireland are admitted on one medical certificate from a general practitioner. Thus the rule in England which makes it hard to get a person into an asylum and easy to get him out, is reversed in the sister island. To be sure, as usual with Irish laws, the bottom is neatly knocked out of this regulation by a perfectly contradictory statute, which enacts that any dangerous lunatic can be removed by anyone who goes bail for him, without any medical certificate at all, and, perhaps, in spite of all medical opinion. But if a medical certificate is given, it must be a double one. Among much that is very disagreeable in the life of an Irish asylum superintendent, it must be no small satisfaction to him to think that the Government entirely free him from that odious insinuation, so often levelled at his English brethren, that he desires to retain persons who ought to be discharged. On the other hand, if anyone should accuse him of a wild desire to let loose raving lunatics on his unfortunate countrymen, his responsibility for this mistaken charity is divided and borne equally by his visiting physician.

Occasionally friction and unpleasantness of a serious nature have arisen, as might be expected, from the inevitable collision of authority between superintendents and their visitors, but it must be said—and it is no small credit to the good-nature of Irishmen—that, in the majority of cases, consulting and visiting physicians have proved agreeable and friendly colleagues, and some have striven in the kindest way to undo, as far as possible, the evil which their office created, by lending their influence with the board—often considerable—in support of their medical superintendents. It should be also mentioned that, as a body, the visiting staff have always indignantly repudiated the notion that their function is that of spies, which seems to be plainly hinted in Rule 46, which provides, that “should the inspectors deem it advisable, the consulting and visiting physician shall attend daily at any asylum, irrespective of the number of patients in it, and afford them any information they may require”.

All the district asylums are provided with a consulting and visiting physician; the Richmond District Asylum, Dublin, has a consulting and visiting surgeon as well.

ASSISTANTS TO THE RESIDENT MEDICAL SUPERINTENDENTS.

The officers who bear this odd title (given with a sufficiently evident purpose) correspond to the assistant medical officers in English and Scottish asylums. Their duties are briefly set out as being "to assist the resident medical superintendent in the performance of all the duties of that officer, and to perform all other duties that may be required of them".

Of the twenty-two district asylums, only ten are provided with assistant medical officers. Two of these, Dublin and Cork, have each two.

These officers are appointed by the Board of Governors, and are selected on the usual grounds on which appointments are made in Ireland. The medical superintendent does not, as is usually the case in other countries, nominate nor lay before the governors a selected list of candidates. Canvassing, instead of being forbidden, as it ought to be, is expected, if not demanded, and influence decides the matter. Under these circumstances, it is not to be wondered at that some of the most sagacious superintendents have not pressed for the "assistance" which might in different conditions be considered indispensable.

During the absence of the superintendent, his assistant or senior assistant takes his place. Where there is no assistant, the consulting and visiting physician takes such charge of the institution as a non-resident officer can.

The position of assistant medical officers in Ireland is not a very good one. Government, not having appointed them, refuses to recognise their claim to superintendencies as a matter of promotion, when the latter posts become vacant. It is true, assistants often get these appointments, but this is usually regarded as due to careful and deliberate canvassing, for which their freedom from the pressing engagements of general practice gives them special facilities.

The duties which they actually perform in most asylums are very much the same as in England; but hitherto, in Ireland, hours have not been so early, visits to the wards so frequent, and in most asylums notes and records of cases have hardly been kept at all. In some institutions there have been absolutely no case-books, and it is not known that there is a *post-mortem* book kept in any asylum in Ireland.

MATRON.

This office, like that of visiting physician, has survived from the days when there was no resident medical superintendent, and it was then often filled by the lay manager's wife. In many asylums there is now a head nurse, so that the functions of the matron have become somewhat shadowy. She is, however, instructed by the Privy Council Rules "to consider herself an officer of great trust"; and although it is found necessary casually to remind her that she is "in position and authority subordinate to the resident medical superintendent", she is encouraged to regard herself as a person of position equivalent to his, by such preposterous rules as this, that the resident medical superintendent "shall never be absent from the asylum at the same time with the matron" (P. C. Rule 35). The natural consequences of this system of balancing often occur: time is wasted and dignity lost in making a vain woman carry out orders and observe discipline. Elsewhere we have pointed out that this office is a sinecure, unless its duties are those of head nurse or housekeeper.

OTHER OFFICERS.

Rules exist empowering boards of governors to appoint qualified resident pupils for periods of a year or two years, but we are not aware that these rules have been put in force until within the last few months, when we learn the Board of the Richmond Asylum have decided to appoint two such officers. This post forms the only exception to the general rule as to appointment of subordinate officers. In case of the resident pupil, it is laid down that the governors shall select one from a list of three submitted by the medical superintendent.

There are no "clerks to the visitors" in Ireland, but one asylum (Richmond, Dublin) possesses a secretary, who is also storekeeper. His duties as secretary seem chiefly to consist in conducting the business of the board's meetings, the board's correspondence, and certain fiscal work. The office is obviously a survival. We understand it is admirably filled, but we can only refer again to what has been said above with regard to similar arrangements in England.

Chaplains never reside in the asylum in Ireland. All asylums seem to have two of these officers, some three, for the various denominations. There is generally only one chapel, a building

rarely distinguished by architectural beauty or even an appropriate construction.

Most Irish asylums have on the strength an apothecary, even those where there are assistant medical officers. By a very funny rule, "*surgical instruments and those employed for restraint*" are consigned to the custody of the apothecary.

The offices of clerk and storekeeper were once generally combined. The arrangement still exists in some asylums, but it is rightly regarded as a very bad one, and is doomed.

Schools in asylums are legalised by P. C. Rules 73-77. The medical superintendent is the manager, and has sole control over the hours, etc. We are not aware that schools exist now in any Irish asylums, save the Richmond. Dr. Lalor, formerly chief of that institution, took great trouble in organising a system of teaching. There are two schoolmasters and two schoolmistresses. The present medical superintendent hopes, as we understand, to organise the schools more on an industrial basis than heretofore, reserving literary and musical practices, and so forth, for wet days, intervals of the day when nothing else can be done, and other odd times. He considers that under proper conditions such exercises, though inferior to industrial labour, have great value as a discipline, as a calmative agent, and as a means of preventing, at certain periods, that listless idleness which is one of the most deplorable features which the occupants of a lunatic asylum can present.

ATTENDANTS AND NURSES.

There is no fixed rule as to the proportion of attendants to patients, and the practice varies immensely in different asylums. In some, the proportion has been as low as one to twenty. In other institutions the proportion seems higher than it really is, owing to the inclusion of artisans, porters, etc., on the published list of the staff. The most experienced of the superintendents are understood to hold that, calculating on the number of attendants available for day duty, and on the average number of inmates, one to twelve is the lowest rate that should be adopted; but few asylums have attained so high a relative number.

The salaries of attendants in Irish asylums vary from one-third to one-half of the sums given in England. In the higher grades, the disproportion is usually greater than in the lower. Nevertheless, these offices are keenly enough sought and tenaciously retained.

The Irish superintendent suffers from a trouble exactly the reverse of the English. He finds, not that his staff are too movable, but that they are immovable. Perhaps the recently passed liberal pension law may improve matters in this respect.

We believe no Irish asylums are now unprovided with night attendants, though in one northern institution, a few years ago, the superintendent could not induce his board to appoint even one on either side of the house. Several asylums have observation wards. In the Richmond Asylum, we are informed, there are five night attendants in the male and five in the female house: the suicidal, the epileptic, and the sick, are located in three separate wards, each provided with one attendant, and extra attendants are freely used with special cases.

SPECIAL MEDICAL WORK, AND CLINICAL INSTRUCTION.

We have already mentioned how much behind the English and Scotch asylums those of Ireland are in everything relating to the comfort of patients and so forth.

Things are, unfortunately, no better with regard to the scientific aspect of the specialty. To the mass of literature dealing with insanity in every aspect which has enriched the English physician's library during the last forty years, Ireland has contributed, it may be said, nothing. She was, for years, so silent a sister that, but for an occasional groan over pensions, or some such matter of mere official interest, she might have been esteemed dumb. Literally nothing has been done in the great field of pathology, saving by Dr. Ringrose Atkins, of the Waterford Asylum, who has published a few excellent papers, though working under the disadvantages of a small institution, situated far from any medical centre. Autopsies are never held in most asylums, and were, till quite recently, understood to be looked upon with disfavour at head-quarters. The enormous mass of clinical material that has passed for generations through the various public asylums of the country must surely have offered much that was valuable and interesting, if any note had been made of it.

Instruction in mental diseases seems to have been in contemplation in Ireland from an early period in this century. It was, however, due to the enlightened and disinterested action of a distinguished Dublin physician, Sir John Banks, K.C.B., consulting and visiting physician to the Richmond Asylum, Dublin, that it was

ever introduced. A few years ago, when the Royal University of Ireland was being founded, that gentleman, who took an influential part in the proceedings, succeeded in persuading the University to include a course of clinical instruction in mental diseases in its curriculum. Since then the Royal University has received certificates from the medical superintendents of the Richmond Asylum, Dublin, and the district asylums of Cork and Belfast. In no country is instruction in mental diseases more needed. Hitherto, it cannot be said that insanity was in any way recognised as being a specialty. Neither the public nor the Government recognised in the medical superintendent of an asylum anything further than a person holding two registered qualifications. The want of even the dimmest outlines of knowledge of anything connected with lunacy existing among Irish general practitioners is amusingly shown by the astonishing medical certificates which they daily issue, and which the laxity of the Irish law permits to pass. It is strange that though a man may be prosecuted for setting up to pull teeth without having produced some evidence of having studied dentistry, yet a practitioner who has never treated insanity, who gives incontestable evidence that he does not know the meaning of idiocy—let alone his inability to distinguish it from general paralysis—can yet sign a certificate that a man is a dangerous lunatic, and be thereby instrumental in incarcerating him in an asylum.

AUDITS.

Besides the general supervision exercised by the boards of governors over monthly receipts and disbursements, the entire accounts of each asylum are annually audited by the Local Government Board Auditor of the district. This audit is conducted with great minuteness, and the auditor has absolute power to surcharge any expenditure which is not properly vouched, or which he does not consider justifiable—a power which is not unfrequently exercised.

INSPECTION OF THE INSANE.

“No provision of any sort exists for the supervision of the insane poor in private dwellings, or wandering at large, as in England under 16 and 17 Vict., cap. 97, sec. 66.” (Lunacy Blue-Book, 1889.)

The rest of the insane in Ireland appear to be under the general

charge of the inspectors of lunatics—two medical men appointed by the Lord Lieutenant. There does not appear to be any statute laying down the number of their visits to asylums, or the exact nature of their general duties. Besides their work as commissioners of control, they seem to be entrusted with functions approaching those of a committee of management or direction for the criminal asylum, and with the inspection of all institutions wherein lunatics are confined, as well as with the duty of receiving and communicating to Government all correspondence, etc., which the relative positions of the executive and the boards of governors of the district asylums render necessary, and exercising a general supervision over the management of these latter institutions.

When one considers that there are twenty-two district asylums in Ireland, a criminal asylum, and twenty-four private asylums, as well as one hundred and sixty-one workhouses containing insane inmates, it will be seen what an enormous task and what enormous responsibilities are thrown upon these gentlemen. In fact, an annual inspection of upwards of two hundred establishments scattered over a country of the size of Ireland is quite impossible to any two individuals, even if they visited separately, as used to be the custom, and even if they had no other duties to perform. To expect impossibilities from people is usually the best mode of hindering and preventing them from doing what is possible: just as to make laws merely to be broken is the surest way of bringing laws into contempt.

Judging from the reports of inspectors as published annually in the reports of the superintendents of the various district asylums, these institutions were inspected at least once a year, generally oftener, by an inspector. The reports made at asylums were not, as in England and Scotland, published in the inspectors' annual report of the department; and in one asylum—the largest in Ireland—the inspectors do not seem to have made any report of their visits for many years, as appeared from a correspondence in one of the medical papers some years ago.

Neither the reports made at asylums, nor the Lunacy Blue-Book as heretofore published, have ever contained those detailed and careful reviews of the institutions and their management which we are familiar with on this side of the Channel. The style and mode of compilation of the Blue-Book have, in former times, not escaped criticism, and have occasionally indeed been severely enough handled in the medical newspapers. This fact is much to be

regretted, as it tended to impair public respect for the department, and thereby seriously to curtail the usefulness of the officials responsible for these documents.

The Board of Control of Lunatic Asylums would appear to have abdicated functions that were once very extensive, and to have confined its energies solely to questions connected with asylum buildings. Thus the inspectors were left fully in the position of the English Commissioners with regard to the rights of inspecting, reporting, issuing a Blue-Book, etc., and possessed of much more power, in so far as they represented the Government, which has much more control in Irish than in English public asylums.

During the rule of the late inspectors, which extended over nearly fifty years, many of the existing asylums were built, and the present code of rules and regulations was drawn up. It is hardly necessary for us to dwell upon either of these memorials of their activity. Our opinions, which are probably those of all specialists who know anything of the comparative merit of Irish institutions for the insane, and their government, have been sufficiently indicated already.

In the early part of the year 1890, these important offices having been vacated by resignation, the present inspectors were appointed. The most sanguine hopes are entertained that these gentlemen will in time be able to effect such reforms as will bring lunacy management in Ireland to something like the same level as has been attained in other countries; but abuses, once established, are only too apt to die hard, and it is most deeply to be regretted that the local government which appears to be approaching in Ireland will find the Public Lunacy Department in so very different a state from that of England and Scotland. Underaltered conditions the department cannot stand still. It will either rapidly retrograde probably in the direction of amalgamation with the Poor-law service, or reforms of an entirely revolutionary character will be carried out. When the people have come to know their own power, there is unfortunately nothing in the history of the past that will tend to confer upon the central authority that respect which must follow great work successfully done, and it is only too much to be feared that the opportunities which their predecessors threw away will not return to the present inspectors, and that what might have been a great guiding influence for good will be altogether lost.

ISLE OF MAN.

The lunatic asylum of this island was enlarged five years ago, and now has accommodation for 205 patients, a capacity which it is anticipated will prove sufficient for some time to come, as a poor-asylum or workhouse is shortly to be built which will receive a number of harmless but feeble persons who hitherto have often been sent to the asylum, though not strictly needing asylum treatment. The total population of the Isle of Man may be estimated at 55,000, and the present number of patients resident in the asylum is 185, a proportion of 3.7 per thousand. The asylum is governed by a committee of management consisting of five members elected by the Tynwald Court from its own body. The present committee consists of the Speaker of the House of Keys, the Receiver-General, and three members of the House of Keys. The committee meet monthly, and two or more of its members inspect the asylum every two months and write a report upon it. Several times yearly it is also visited and inspected by the Lieutenant-Governor of the Isle of Man.

Private patients are admitted both from the Island and from England at rates varying from the net cost to 30s. per week. The average weekly cost per head for the year ending the 31st of March 1890 was 8s. 7.56*d.*; and, after deducting £90 for the food sold from the asylum, and £866 which was the sum received for maintenance of private patients, the net average weekly cost was 6s. 7.46*d.* The pauper patients are paid for by a special rate levied on all landed property throughout the island, and not by the different parishes.

The accounts of the asylum are audited annually by public chartered accountants, and particulars of the expenditure in minute detail are furnished to the Tynwald Court on the 5th of July of each year, when it is asked to vote the asylum rate for the following year. The land owned and rented by the institution is about sixty-four acres, the farm and garden being freely used for the employment of patients of both sexes, many of whom have been engaged in agricultural work before their malady overtook them. The sewage is employed for irrigating part of the farm.

The original design furnished a picturesque building surmounted by a lofty tower, and standing on an eminence which commands

an extensive view seawards towards Douglas, and inland to the central chain of heights. Some of the old single rooms are not well lighted or ventilated, but several extensions and improvements have been effected, supplying roomy and well-lighted dormitories, day-rooms, and special hospital-wards. The recently laid floors are of pitch-pine, varnished and polished, with linoleum in the main passages, while several of the old floors have been stained, varnished, and waxed, so that they can be kept clean without the repeated wetting of the floor in washing.

The percentage of recoveries, calculated on the admissions, is 41.34 men and 43.16 women, or a mean total of 42.25. The percentage of deaths, calculated on the average number resident, is 8.96 men and 7.49 women, a mean total of 8.22; both these calculations are based upon the average of the last twenty years.

The proportion of attendants to patients is 1 to 12 on the male side, and 1 to 11 on the female side. The night inspection is made by a special night-attendant in each division, who, in the interval between rounds, remains in the hospital dormitory, where the epileptic and suicidal patients are located. The night-attendants' visits are registered upon an electric clock, so as to render this service as regular and efficient as possible.

JERSEY.

There is one lunatic asylum in Jersey, founded in 1868, and quite recently enlarged to meet the increased requirements of the island. The management of this institution is in the hands of a committee of "the States", or parliament and governing body of Jersey, who meet once a month at the asylum, for general purposes. To this committee, which is composed of three jurats, three rectors, the twelve "connétables" of the parishes of the island, these being the chief authorities and executive officials of their native parish, and three deputies, the inspection of the institution is entrusted, one member visiting officially once a week, although any of them may do so at any time. All such visits are recorded in a book kept for the purpose, which is laid before the committee at its monthly meeting. A sub-committee audits all the accounts quarterly.

The medical superintendent is appointed by the States for a term of three years. He must be a member or a licentiate of one of the faculties of medicine and surgery of Great Britain, Ireland, or the University of France, must occupy the physician's house attached to the asylum, and devote his whole time and attention to the medical superintendence of the institution and the treatment of its inmates. Should occasion arise he may be suspended provisionally from his duties by the committee, who are bound to notify the States of the fact without delay.

The rest of the staff are appointed by the committee. First among these must be mentioned the director, who is responsible for the economic administration and book-keeping of the institution, his duties being equivalent to those of a steward and farm-bailiff in England. By Article 4 of the Law upon the Government and Administration of the Public Asylums for the Insane, dated the 30th of January 1890, it is prescribed that the director must be a married man, and that his wife shall act as matron. We have already drawn attention to the possible disadvantages of an arrangement of this kind; but that they have not made themselves obtrusively felt in Jersey may be assumed, from the system being thus made compulsory, instead of being merely optional. The nurses and attendants, cooks, kitchen-maids, laundresses, porter and other servants, are all appointed by the committee, and may be dismissed at will by them, as also may the director and matron. The proportion of attendants to patients is one to ten on the male side, and of nurses on the female side one to fifteen. For night-watches special persons are appointed, their rounds being marked on check-clocks.

Pauper patients are admitted under the auspices of the "con-nétable" of their native parish, with one medical certificate. Other persons must bring two independent medical certificates, and no patient, either private or pauper, can be received temporarily without a special written order from a member of the asylum committee, whose duty it is to satisfy himself that the case is a proper one, and then at their next meeting the full committee finally accept or decline charge of the patient. The committee discharge patients upon recommendation from the medical superintendent, generally on probation in the first instance, for a stated period. At the present time the asylum is too full, and the average of inmates during 1889 amounted to 131, being larger than in any previous year.

The following table shows the movement of population in the asylum for 1889, the last year under report :—

			Males.		Females.		Total.
Remaining on 1st January 1889	...	...	51	...	77	...	128
Admitted	...	...	12	...	9	...	21
Re-admitted	...	...	3	...	2	...	5
Total number under treatment in 1889			66	...	88	...	154
Discharged	{ Cured	...	5	...	5	...	10
	{ Improved	...	0	...	1	...	1
	{ Otherwise	...	2	...	1	...	3
	Died	...	2	...	5	...	7
Total			9	...	12	...	21
Remaining on 31st December 1889			57	...	76	...	133
Average resident during 1889			53	...	78	...	131

Of the 133 patients resident on the last day of the year, 9 belonged to the second class, 24 to the third, and 100 were paupers. With regard to the private patients, it was enacted, on the 11th of April 1881, that a certain number of beds should be reserved in the dormitories suitable for the reception of pay-patients, provided they were not required for lunatics at the charge of the public or the parishes of the island. The private patients were to be divided into three classes, the first paying two pounds sterling, the second one pound, and the third ten shillings a week. Patients of the first class have a separate bedroom, and patients of the second class have reserved dormitories, while both dine together and share the same sitting-room. The third class dine together, and are subject to the same regulations as lunatics supported by the parishes.

The committee must refuse all applications for the admission of private patients if the number of beds reserved for them is already occupied; and should the number of pauper patients so increase that the accommodation for them becomes inadequate, the committee must restrict the number of private patients, and appropriate their beds as they become vacant to the pauper lunatics. Friends or relations may always withdraw a private patient from the asylum in order to keep him in their family or to place him elsewhere, except when the patient is dangerous or in a critical condition of health, when the permission of the committee is necessary for his withdrawal to be effected. When a patient is cured the medical superintendent acquaints the committee of the fact,

and they order his return to the persons who caused his detention in the asylum.

The following is a summary of expenses and receipts of this institution for the year 1889:—

EXPENSES.				RECEIPTS.			
	£	s.	d.		£	s.	d.
Provisions and Supplies	2,439	7	6	Balance from 1888	798	17	2
Farm Expenses	247	18	10	Received by Board, etc.	3,062	15	4
Salaries	478	13	8	Farm Produce	384	0	10
Various Expenses	112	1	7	Levée on the Parishes .	720	0	0
Sundries	11	13	4				
Extraordinary Expenses .	508	15	11				
Expenses to Island Patients	635	8	2				
Balance in favour of Receipts	531	14	4				
	£4,965	13	4		£4,965	13	4

Two wings are now being added to the asylum, which, when completed, will afford accommodation for about forty more inmates. In the dormitories the average cubic space per head is about 800 feet, and the corridors and day wards are light, cheerful, and well ventilated. The closets, urinals, baths, etc., are all good, and the asylum itself stands upon a favourable and pleasant site.

GUERNSEY.

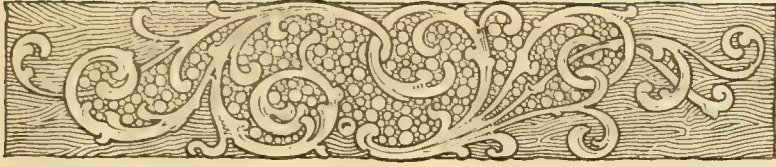
There is no lunatic asylum in Guernsey, all insane persons there being confined in a portion of the Poor-law Hospital or workhouse, which was founded in 1741. It was built "with the object of providing old age and poverty with an asylum, but never with the intention of making it a house of correction". A deliberation, dated the 12th of January 1741, determines "that the parish should exercise the right it has to build a house, adapted for the accommodation and maintenance of its poor"; and another one of the 4th of March 1741, provides "that they (the parish) approve the plan of a house, and appoint the treasurer to be the depository of the promised sums, and to employ them for the construction of the said house, and to put it in a condition to satisfy the intentions

and hopes of those who voluntarily devoted their alms to so advantageous and necessary an institution”.

The management of this institution is vested in the Poor-law Board, which consists of a president, a vice-president, the rector of the parish, the two constables, the parish churchwarden, the procureur des pauvres, ten overseers, with three ex-members. The staff of the lunatic asylum consists of a master and mistress, with two male and three female attendants, and a non-resident medical officer. The management of this institution would appear to be in striking contrast to that of the asylum at Jersey. The Guernsey people have failed to supply any information whatever, except a report for the year 1888, whereas the Jersey authorities have shown the utmost readiness and courtesy.

The lunatic establishment in Guernsey has accommodation for about forty patients, and on the 31st of December 1888 it contained thirty-one patients, of whom ten were males and twenty-one females. The whole institution is maintained out of the rates, the accounts for the lunatic asylum being inextricably mixed up with those of the hospital or poor-house. The first rate, levied on the 14th of December 1742, amounted to £4,060, and that for the year ended 31st of March, 1888, to £5,150, of which £4,572 appears to have been expended.





CHAPTER VII.

BRITISH EMPIRE—INDIA AND THE COLONIES.



SPeAKING of the British Colonies as a whole, it may be said that the provision made for the insane is confined to State asylums, wholly maintained, or very largely subsidised by the Governments, and deriving a practically insignificant amount of support from other sources. The number of private asylums is very small, and apparently decreasing. It might be supposed that such an arrangement would be calculated to ensure a high degree of efficiency, particularly in those colonies where the asylums were few or small, and where the amount of supervision required was, in consequence, easily carried into effect. As a matter of fact, although the type of the Colonial institutions has not changed, and their number has not very materially increased, it is only of late years that they have attained any high standard, their condition prior to 1870 being truly deplorable. Almost without exception the buildings were inadequate and dilapidated; sanitary arrangements were to all intents and purposes non-existent; and there were no proper regulations with regard to admission and discharge, no inspection by competent officials, nor, indeed, any of the most vital features of lunacy administration. At what date the change for the better took place is not clear, but it is probable that a Minute dated April 1864, which is based upon replies received from Colonial governors to a circular-despatch addressed to them by the Home authorities the year before, had much to do with this amelioration in the condition of Hospitals and Asylums in India and the British Colonies.

It may be as well to state here that the information we have been able to collect with regard to these many institutions is very unequal in merit, and also in age, some replies having been sent to

our requests for particulars promptly, others having been indefinitely delayed, and others again having been withheld altogether. In more than one instance, again, the latest reports have been sent us, consequently depreciating the value of the statistics received at an earlier date, and which we have been unable to supplement.

Another result of this condition of things has been inability to compile any tabular information to show the gross insane population of the British Empire and its colonies in one given year, and the accommodation then in existence for them. We have consequently been compelled to treat the Colonies separately, and for this purpose have adhered to the old classification observed in the Colonial Office. According to this plan there are four main divisions of the British Colonial Empire :—1. West Indian Division, with Mauritius; 2. North American Division; 3. Mediterranean and African Division; 4. Australasian and Eastern Division. In the first place, however, we have treated India as occupying the foremost rank, and, as a natural appendage to it, we have added Ceylon, which does not fall properly into any of the above-mentioned groups.

THE INDIAN EMPIRE.

The lunatic asylums of India are on exactly the same footing as the hospitals and dispensaries, of which an account is given elsewhere, being under the administrative control of the surgeons-general attached to the governments of the various Presidencies, who work under State regulations. We have no means of ascertaining the insane population of India, but that it is considerably greater than the accommodation provided for it appears from the complaints contained in several reports of insufficiency of space, and of overpressure on what is available for the reception of lunatics. To check this disposition to overcrowd the institutions, the inspector-general of civil hospitals in Bengal suggested that the attention of magistrates and civil surgeons should again be drawn to Home Department Circular No. 179, dated the 25th of March 1876, which enjoins that quiet and inoffensive patients should not be sent to asylums unless there was some very good reason for doing so, and he further drew attention to a tendency of the magistrates of those localities in which the asylums are situated to confine lunatics in much larger numbers than was done in outlying districts.

From official returns we gather that at present there are twenty-

one lunatic asylums in India, distributed among the various Presidencies as follows:—Bengal, 6; Bombay, 6; Madras, 3; Central Provinces, 2; Burma, 1; Assam, 1; and the Punjab, 2. And on the 1st of January 1889, these institutions contained 3,246 patients, distributed thus: Bengal, 986; Bombay, 675; Madras, 647; Central Provinces, 272; Burma, 233; Assam, 83; and the Punjab, 350. The total capacity of these asylums is for 3,668 lunatics, viz.:—Bengal, 1,005; Bombay, 759; Madras, 741; Central Provinces, 354; Burma, 255; Assam, 108; and the Punjab, 446. In themselves, no doubt, these figures are satisfactory, but only as applying to one day, for more recent reports, notably from Burma, reiterate the old complaint of want of room. It will be not without interest to deal separately with each of the Presidencies mentioned, showing the movement of the population in the several institutions, and indicating the amount and source of their revenues.

(1.) THE BENGAL PRESIDENCY.

There are six asylums in this Presidency, situated at Dullunda, Dacca, Patna, Cuttack, Berhampore, and Bhowanipore; the last-named containing European and Eurasian lunatics only. In the five provincial asylums, exclusive of Bhowanipore, the movement of population for the two years 1887 and 1888 was as follows:—

Bengal Presidency.—Movement of Insane Population in Provincial Asylums.

				1887.		1888.
Remaining on 1st January	...	...	...	956	...	922
Admitted during year	...	...	...	181	...	238
Total population				1,137	...	1,160
Discharged	{ Cured	...	...	88	...	67
	{ Improved	...	...	37	...	45
	{ Not improved	...	...	2	...	13
	{ Otherwise	...	...	2	...	4
	{ Died	...	...	86	...	74
Total				215	...	203
Remaining on 31st December				922	...	957

The increase occurred mainly at Dullunda, Berhampore, and Patna, the other asylums remaining almost stationary. There was a certain amount of overcrowding at Patna, and at Berhampore on the men's side; the females, however, having plenty of room.

At Cuttack there are more males than there is accommodation for, and, as at Patna, the verandahs have to be utilised for sleeping purposes, a practice which does not appear to be as prejudicial to the health of the patients as might be supposed. The question of how to dispose of the criminal insane is a very material one throughout India, and in Bengal this class of patients is rapidly increasing. At the beginning of 1888 they numbered 384, and at the end of the year 418, while their daily average strength was 392.5, against 390.8 in the previous year. The admissions increased from 80 in 1887 to 99 in 1888, the re-admissions doubled, while the discharges were fewer by 14, and the deaths by 4. A special committee appointed to investigate the matter recommended the discharge of the criminal lunatics after recovery, a plan which met with the approval of the Government, but of which the effect has not yet been ascertained.

Income and Expenditure, Five Bengal (Mixed) Asylums.

The following Table shows the income and expenses for these five asylums for the year 1888 :—

1	2	3	4	5	6	7
ASYLUMS.	Daily Average Strength.	Total Expenditure.	Realised from Patients' Friends.	Actual Profit from Manufacture Department.	Average Cost of each Patient as per col. 3.	Average Cost of each Patient, deducting cols. 4 and 5.
		Rs.	Rs.	Rs.	Rs.	Rs.
Dullunda ...	217	24,603	957	419	114	109
Dacca ...	218	18,077	90	1,359	83	76
Patna ...	246	17,661	237	2,462	72	62
Cuttack ...	46	5,546	...	363	120	112
Berhampore ...	206	15,196	34	963	74	69
Total ...	933	81,173	1,318	5,566	87	81

Cost per Patient in Five Bengal (Mixed) Asylums.

The average cost of each patient in relation to the establishment, diet, bazar medicines, clothing, contingencies, and other charges, was as follows :—

ASYLUMS.	Total Cost under all heads per Patient.	Establishment.	Diet.	Bazar Medicines.	Clothing.	Contingencies.	Other Charges.
	Rs.	Rs.	Rs.	Ann. Pce.	Rs.	Rs.	Rs.
Dullunda ...	114	44	41	2 3	3	11	15
Dacca ...	83	35	29	0 6	3	3	13
Patna ...	72 1	35	29	0 2	3	5	0 1
Cuttack ...	120	72	28	1 3	2	2	16
Berhampore ...	73	36	29	0 0	1	4	1

The total receipts of these five institutions amounted to Rs. 75,386 5a. 5p., of which Rs. 62,046 9a. 5p. were received from the treasury, Rs. 1,318 13a. 4p. from paying patients, and Rs. 12,020 14a. 8p. from articles received from the manufacture department. On the other hand, the total cost amounted to Rs. 81,173 2a. 3p., an increase for the year of Rs. 2,176 6a. 11p., due to expenditure on new buildings.

EUROPEAN ASYLUM AT BOWANIPORE, BENGAL.

The movement of the population at the European Asylum, Bhowanipore, was as follows, for the two years 1887 and 1888:—

			1887.		1888.
Remaining on 1st January	...	...	29	...	31
Admitted during year	...	...	24	...	19
			—		—
Total	...	...	53	...	50
			—		—
Discharged cured	...	...	8	...	15
Despatched to Europe under Shipping Act	...	...	2	...	1
Transferred to care of friends	...	...	4	...	1
Despatched to Europe, still insane	...	...	2	...	2
Made over to military authorities	...	...	2	...	—
Died	...	...	4	...	2
			—		—
Total	...	...	22	...	21
			—		—
Remaining on 31st December	...	...	31	...	29

The total income of the institution was Rs. 19,123, of which the Government contributed Rs. 12,284, the remainder being derived from patients' payments. The total expenditure amounted to Rs. 19,123 for an average daily number of inmates of thirty-two, the average yearly cost of each patient thus amounting to Rs. 598, while the total average cost to Government of each inmate was Rs. 384, or Rs. 50 less than in the previous year.

(2.) THE BOMBAY PRESIDENCY.

In this Presidency there are six asylums with a total capacity for 759 patients. For some reason, which is not explained, the capacity of the several institutions is estimated at a different area per patient, as will be seen from the following table:—

Accommodation in Six Bombay Asylums.

ASYLUM.	Area per Patient.	Males.	Females.
At Colába (European) }	104 sq. ft., has capacity for	35 ...	10
„ „ (native) }	70 „ „	215 ...	40
„ Ratnágiri ...	54 „ „	60 ...	36
„ Poona ...	100 „ „	61 ...	22
„ Dhárwár }	123 „ „	20 ...	—
„ „ }	88 „ „	— ...	12
„ Ahmedabad...	50 „ „	90 ...	18
„ Hyderabad ...	50 „ „	120 ...	20
Totals ...		759 = 601	158

There was hardly any fluctuation in the population of the asylums, except at Ratnágiri, where there was an increase from 43 to 56 patients, with a daily average of 54.5. There is still room, however, for many more patients at this institution, while, on the other hand, the Colába, Poona, Ahmedabad, and Dhárwár asylums appear to have been somewhat overcrowded. Under these circumstances the Government has drawn attention to the expediency of transferring patients to Ratnágiri whenever possible. The table on the opposite page shows the movement of the population in all the asylums of the Bombay Presidency during 1888.

Income and Cost of Six Bombay Asylums.

The total receipts of these six asylums amounted to Rs. 119,204 12a. 1p., of which Rs. 105,680 4a. 5p. was received from the Treasury, Rs. 10,130 14a. 11p. from paying patients, and Rs. 3,317 2a. 0p. from the value of articles received from the manufacture department. The annexed table shows the cost of each patient at each asylum for the year 1888 :—

ASYLUMS.			Daily average Strength.	Net Cost.	Cost per Head.
				Rs.	Rs.
Colába	...	...	272.3	58,521	215
Ratnágiri	...	...	54.5	9,743	179
Poona	...	...	83.1	12,078	145
Dhárwár	...	...	27.8	6,655	239
Ahmedabad	...	...	107.6	12,589	117
Hyderabad	...	...	134.0	10,973	76
Total	...	...	679.3	109,659	—
Average	...	...	679.3	—	161

At Colába the average cost rose from Rs. 199, to Rs. 215

per patient, due to the fact that the daily average strength was only 272.3, instead of 280.4, in consequence of which the expenditure was spread over a smaller number of patients, and also to the construction of some padded cells, at a cost of over 2,000 rupees. The high average rate at Dhárwār is explained by the small number of patients the institution contains, it only having been constructed to accommodate twenty-eight. The problem of criminal lunatics does not appear to demand solution so imperatively in Bombay as elsewhere, the number remaining under treatment on the 31st December 1888 being 101, precisely the same number as in 1887, while the patients admitted were less by two. No details have been received as to the condition of these institutions; and, with regard to the causes of insanity, they can be traced in comparatively such a very small number of instances as to be practically worthless.

3. THE MADRAS PRESIDENCY.

In this Presidency there are three asylums, situated respectively at Madras, Vizagapatam, and Calicut, with an aggregate capacity for 741 patients, distributed thus: Capacity of Madras Asylum at sixty square feet per European and Native patient, there having been 145 of the former and 402 of the latter, a total of 547; the capacity of Waltair Asylum, Vizagapatam, for 57 patients, is sixty square feet each; and that at Calicut Asylum for 137 patients, fifty square feet each.

Madras Presidency.—Movement of Insane Population.

The following are the chief results obtained from the Surgeon-General's reports for 1887 and 1888:—

	1887.			1888.		
	M.	F.	T.	M.	F.	T.
Remaining at end of previous year	438	152	590	474	153	627
Admitted	181	26	207	129	39	168
Died	38	8	46	24	15	39
Cured	60	13	73	43	18	61
Transferred to friends ...	21	3	24	24	3	27
Otherwise	26	1	27	21	—	21
Remaining at the end of year ...	474	153	627	474	156	647

In connection with this statement we quote the following pass-

age from an Order of the Judicial Department of the Government of Madras, dated the 25th of October 1889 :—

“ The most noticeable feature is the steadily increasing average strength, combined with, and in spite of, a decrease in admissions ; but this diminution in the number of fresh patients received is almost certainly not due to any falling off in applications for admission or in cases of insanity brought to notice. It occurs mainly in the Madras Asylum, and is attributable solely to absence of accommodation. The monthly returns from this asylum show that during the latter half of the year under report an average number of thirteen applicants were awaiting admission, and this fact sufficiently explains the sudden decline in the number admitted (126), which is the lowest since 1881-82. The question of the best manner of providing increased accommodation in all three asylums is now under the consideration of Government. . . . Owing to the smaller admissions, the aggregate of patients dealt with during the year slightly diminished, but the daily average population was considerably higher than in 1887, or preceding years. The figures are shown below :—

Year.	Total Population.	Daily average Population.
1884-5	707	521
1885 (nine months)	727	581
1886	768	588
1887	797	621
1888	795	645

The rise in the average number of inmates seems to have been partly caused by the smaller number cured and otherwise discharged during 1888. Sixty-one patients were cured, as compared with seventy-three in 1887, and 118 in 1886 ; the decrease occurring in the Madras Asylum, where the number of cures in the year under report amounted only to thirty-eight, against a five years' average of sixty. As observed by the Surgeon-General with the Government, the decrease is not satisfactory, but the proportion of cures varies so considerably from year to year, and must depend so largely on the character of disease met with, that no certain conclusion can be drawn from the decrease. It is probable, moreover, that the smaller number of admissions tended to reduce the proportion of cures, long-standing cases being less hopeful than recent ones.”

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The following table shows the movement of population in the three Madras asylums for 1888 :—

				MADRAS.			VIZAGAPATAM.			CALICUT.				
				M.	F.	T.	M.	F.	T.	M.	F.	T.		
Remaining on 1st January	...	...	...	332	118	450	44	8	52	98	27	125
Admitted	...	...	...	100	26	126	4	5	9	21	8	29
Readmitted	...	...	...	1	—	1	—	—	—	3	—	3
Total Population				433	144	577	48	13	61	122	35	157
Discharged	{	Cured	28	10	38	2	1	3	13	7	20	
		Improved	...	15	3	18	2	—	2	2	—	2		
		Not improved	...	4	—	4	—	—	—	1	—	1		
		Otherwise	...	21	—	21	—	—	—	—	—	—		
Total	...	...	...	68	13	81	4	1	5	16	7	23
Died	...	...	...	20	13	33	—	1	1	4	1	5
Remaining on 31st December				...	345	118	463	44	11	55	102	27	129	

Income and Expenditure of the Three Madras Asylums.

The following brief account of the finances of these three asylums shows that of the total receipts Rs. 86,471 were drawn from the Treasury, and Rs. 34,346 were received on account of paying patients, including those supported by municipalities and local fund boards, so that the net cost to the provincial funds was Rs. 52,125.

ASYLUMS			From Treasury.	From Pay- ing Patients.	From Muni- cipalities and Local Funds.	Value of Articles from Manufacture Department.	Total.
			Rs.	Rs.	Rs.	Rs.	Rs.
Madras	...	...	65,975	5,611	16,167	1,414	89,167
Vizagapatam	...	...	5,715		4,118	125	9,958
Calicut	...	...	14,781	578	7,872	166	23,397

On the other hand, the total expenditure amounted to the like sum at each institution, but the details call for no special comment.

Average Monthly Cost of the Three Madras Asylums.

The average monthly cost per patient, including the superintendent's pay, for the years 1887 and 1888 was as follows :—

Years.	MADRAS ASYLUM.		VIZAGAPATAM.	CALICUT.
	Europeans and Eurasians	Natives.		
1887	Rs. 17	Rs. 11	Rs. 10	Rs. 9.87
1888	16	11	9	10.04

It follows from this that at Calicut only was there a slight increase in the expense of working the asylum, the cost per patient being lower both at Madras and at Vizagapatam.

(4) THE CENTRAL PROVINCES.

There is little to be said with regard to the two asylums of these provinces, which are situated at Nagpur and Jubbulpore. Their capacity, calculated at 50 superficial feet per patient, is for 180 and 174 patients respectively.

Central Provinces.—Movement of Insane Population.

The movement of the population in 1888 is shown in the annexed table :—

				NAGPUR		JUBBULPORE.
Remaining on 1st of January	...	...	...	130	...	132
Admitted	...	...	...	26	...	25
Readmitted	...	...	...	3	...	—
Total	...	...	...	159	...	157
Cured	...	...	...	9	...	6
Improved	...	...	...	5	...	—
Not Improved	...	...	...	—	...	—
Otherwise	...	...	...	5	...	—
Total	..	...	...	19	...	6
Died	...	...	...	12	...	7
Remaining on 31st of December	...	...	...	128	...	144

Income and Cost of the Asylums in the Central Provinces.

The receipts of the Nagpur Asylum amounted to Rs. 15,351 14a. 9p., made up of Rs. 9,662 12a. 10p. from the Treasury, Rs. 167 1a. 9p. from paying patients, and Rs. 5,522 0a. 2p., the value of articles received from the manufactory department. At Jubbulpore the total receipts were Rs. 11,078 15a. 7p., composed of Rs. 8,916 0a. 1p. from the Treasury, Rs. 1,204 10a. 10p. from

paying patients, and Rs. 958 4a. 8p. from goods from the manufactory department. The average cost of each lunatic in the two asylums, as compared with the cost in the previous year, was a trifle over Rs. 79 at Nagpur in 1888, as against Rs. 78 $\frac{3}{4}$ in 1887, and Rs. 66 at Jubbulpore, against Rs. 65 in 1887.

(5.) BURMA.

In Burma there is but one asylum, situated at Rangoon, and affording accommodation for 255 lunatics, of which 219 are males and 36 females, the capacity being estimated at 50 superficial feet per patient. The following extract is taken from the proceedings of the Chief Commissioner, Burma, in the Judicial Department, dated February 1890:—

“The most important circumstance in the history of the Rangoon Lunatic Asylum during the year was the adoption and enforcement of the rules framed by a committee in the Lower Provinces of Bengal, for the guidance of officers in dealing with lunatics. It was anticipated in last year's report that on the introduction of these rules the capacity of the asylum would prove insufficient for the number of patients requiring admittance. These apprehensions appear to have been well founded. Fourteen criminal lunatics, who had recovered their sanity, and who would in previous years have been discharged, were kept on in the asylum for their periods of probation. These periods extend from three to six years, and it is accordingly possible that at the end of three years from the introduction of the rules, the asylum will contain forty or fifty more patients than it would have done if the rules had not been introduced. Furthermore, the increase in the number of admissions, which has been noticeable in every year since 1880, shows no sign of ceasing. On the 31st of December 1889 there were 258 patients in confinement, or three more than the asylum can properly accommodate, and on four occasions during the year the asylum was reported full on the criminal side, and unable to admit any more criminal patients. The proposal to add an upper story to the asylum was abandoned, as it was considered premature to decide on enlarging the asylum until other expedients had been tried. As a temporary measure, some of the criminal lunatics were placed in the vacant wards provided for European lunatics. It will be possible to prevent overcrowding by the transfer of prisoners under Act XX of 1889, which has recently been passed,

and which gives the governor-general in council power to transfer lunatics from one asylum to another within the Indian Empire. For the last three years more than one-third of the lunatics admitted into the asylum have been Hindus and Mahomedans, most of whom may be suitably 'transferred under the Act'."

The following table shows the movement of the population in the Rangoon Asylum during the year 1889:—

Movement of Insane Population in the Rangoon Asylum, Burma.

					M.	F.	Total.			
Remaining on 1st January					...	...	211	22	233
Admitted					...	...	83	13	96
Readmitted					...	...	3	1	4
Total Population					...	...	297	36	333
Discharged	{	Cured	...	...	...	30	9	39	
		Improved	...	...	...	12	3	15	
		Not Improved	...	...	...	—	—	—
		Otherwise	...	...	...	4	—	4	
Total					46	12	58
Died					15	2	17
Remaining on 31st December					...	...	236	22	258

Income and Expenditure of the Rangoon Asylum, Burma.

The income of the asylum amounted to Rs. 35,608, made up of Rs. 24,915 received from the Treasury, Rs. 10,643 from paying patients, and Rs. 50 from articles received from the manufactory department. The expenditure calls for no special comment. The average daily number of inmates was 243. The following statement is of interest:—

1. Total expenditure throughout 1889	Rs. 29,915
2. Total income from lunatic labour and miscellaneous sources	5,724
3. Payment by friends of patients for maintenance	250
4. Received from municipalities for maintenance of pauper lunatics	10,393
5. Average cost of each lunatic, as per line 1	103
6. Average cost of each lunatic after deducting 3 and 4	59

(6.) ASSAM.

There is only one asylum in Assam, but hitherto it appears to have been sufficient for the needs of the province, for although the average population in the institution is fast increasing, having been 71.29 in 1887, 83.40 in 1888, and 95.42 in 1889, yet the maximum number of lunatics confined in it on any one night has never been in excess of its capacity, which is for 108 patients, 80 male and 28 female. The asylum appears to be in an unsatisfactory condition in several important respects, particularly with regard to the prevention of escapes, and of communication between the criminal lunatics and the female patients. An extra keeper has been sanctioned, but a properly walled enclosure, and new palisading between the different quarters, seem to be urgently needed to prevent very serious possibilities from actually happening. The following table shows the movement of the population for 1888 and 1889:—

Movement of Insane Population in the Assam Asylum.

				1888.			1889.		
				M.	F.	T.	M.	F.	T.
Remained	...	...	...	61	12	73	64	19	83
Admitted	...	...	...	23	9	32	22	11	33
Readmitted	...	...	...	2	1	3	4	—	4
Total	...	...	...	86	22	108	90	30	120
Average Population	...	...	...	65.67	17.73	83.40	70.90	24.52	95.42
Discharged	...	...	...	13	2	15	7	—	7
Died	...	...	...	6	1	7	5	2	7
Escaped	...	...	...	3	—	3	3	—	3
Remaining	...	...	...	64	19	83	75	28	103

Income and Expenditure of the Assam Asylum.

The receipts of the institution amounted to Rs. 8,050, made up of Rs. 6,876 received from the Treasury, and Rs. 1,174 the value of articles received from the manufactory department. The expenditure amounted to Rs. 8,199.

(7.) THE PUNJAB.

There are only two lunatic asylums in the Punjab, one at Lahore, with a capacity for 248 males and 48 females, a total

of 296 patients ; and one at Delhi, affording accommodation for 116 males and 34 females, giving a total capacity for 150 patients.

The following table shows the movement of the population in the two asylums for 1889 :—

Movement of the Insane Population in the two Asylums of the Punjab.

	LAHORE.			DELHI.		
	M.	F.	T.	M.	F.	T.
Remaining on 1st of January 1889	201	54	255	72	23	95
Admitted	54	8	62	29	4	33
Readmitted	2	1	3	1	1	2
Total Population	257	63	320	102	28	130
Discharged { Cured	25	3	28	23	4	27
Improved	8	1	9	2	—	2
Not dangerous	2	1	3	—	—	—
Transferred	—	—	—	2	—	2
Escaped	2	—	2	1	—	1
Died	27	10	37	4	2	6
Total	64	15	79	32	6	38
Remaining on 1st of January 1890	193	48	241	70	22	92

Income and Cost of the Two Asylums of the Punjab.

The receipts at Lahore amounted to Rs. 27,918, made up of Rs. 26,559 received from the Treasury, Rs. 340 from paying patients, and Rs. 1,019 being the value of articles received from the manufactory department. At Delhi the gross receipts were Rs. 11,497, of which the Treasury contributed Rs. 11,048, only Rs. 112 being derived from patients' payments, and Rs. 337 from goods from the manufactory department.

The following statement shows the cost per head in each asylum :—

	LAHORE. Rs.	DELHI. Rs.
Cost per head on gross expenditure from all sources	110	118
Ditto, deducting receipts from paying patients	108	117
Ditto, ditto, value of lunatics' labour and profits from manufactures	102	112

CEYLON.

From the official Blue-Book for 1888 we gather that the accommodation provided for lunatics in the asylum consists of eighteen dormitories, nineteen day-rooms and corridors used as day-rooms, and 101 single rooms; but it is somewhat strange to find the gross cubic space and superficial area, as well as the average amount of cubic space per patient, all returned "not known". The asylum possesses some fourteen acres of land, devoted to airing-courts, and there are thirty acres more in which a comparatively very small number of patients are employed in agriculture and gardening.

Movement of Population in the Ceylon Lunatic Asylum.

What the number of resident patients was on the 1st of January 1888, we are not able to state. The daily average number during the year was 350.95, of whom 231.24 were males, and 119.71 females. Forty-four men and twenty-five women were received during the year, making a total of sixty-nine admissions. The discharges were as follows: Thirty-seven men and eleven women were discharged cured, five men and one woman improved, and one man not improved; eighteen males and nine females died during the year, the total discharges and deaths being eighty-two. The following is the classification of the lunatics in the asylum at the date of the report: Maniacal and dangerous, sixty-eight males and forty-two females; quiet chronic, ninety-two men and forty-three women; melancholy and suicidal, twenty-seven men and twenty-six women; and idiotic, paralytic, and epileptic, thirty-three males and twelve females, the total being 220 men and 123 women, or 343 lunatics in all.

Inspection of the Asylum.

One partial inspection of surprise was paid by the governor, and twelve by Government inspectors, while a Government inspector made one complete inspection by appointment, and five partial inspections were made by appointment by the visitors of the asylum.

THE COLONIES.

I.—WEST INDIAN DIVISION.

Lunatic asylums exist at Kingston, Jamaica ; British Honduras ; Barbadoes ; Grenada ; St. Lucia ; Antigua ; Dominica ; and Mauritius ; but of their actual arrangements and administration we have received no recent information. Each of them is under the direction of a medical superintendent, who is responsible for everything that occurs in his asylum, and is obliged to furnish annual reports to the governor of the colony. Even now the regulations with regard to inspection and supervision are not what they should be ; but the buildings appear to have been adapted, as far as possible, to modern requirements, and a fair amount of employment is provided for the insane. We have received no statistics as to the movement of the population in these institutions, the duration of treatment, nor any adequate account of the existing accommodation.

(I.) BRITISH GUIANA.

There is a large asylum situated at Berbice. Like all the rest, this is a State institution, possessing no endowments of its own, but being almost entirely supported from the Government chest. All details of management are left absolutely to the medical staff, the principal medical officer being responsible for every department to the executive government of the colony. Within the asylum the supervision of every detail of the treatment, including the direct management of workshops, farms, and similar departments, is carried on by the medical officer. A code of regulations for the attendants, drawn up by the medical superintendent, was approved by the governor and Court of Policy, but of any regulations for the superintendent himself, or, indeed, of any practical limitations to his authority, we can ascertain nothing. An asylum journal, published monthly, gives a pleasant account of the institution, especially from the point of view of employment of the insane ; but in a whole year's issue no mention is made of any official inspection by the Colonial authorities. The superintendent is supported by two medical assistants and a staff of some forty attendants. The patients are of various nationalities, being derived from British Guiana, Barbadoes, Tobago, India, Africa China, Den-

mark, and Finland, and the institution is interesting as a type of a tropical asylum for the insane of mixed races, which must obviously present many marked points of divergence from the generality of lunatic asylums, owing to the varying dispositions and characteristics of its inmates. The following table shows briefly the movement of the population in the Public Lunatic Asylum, Berbice, for the year 1884, the latest date to which returns have been received :—

Movement of Insane Population in the Asylum of British Guiana.

	M.	F.	Total.
Remaining on 1st Jan. 1884 ...	283	155	438
Admitted in 1884 ...	62	34	96
Discharged „ ...	19	9	28
Died „ ...	50	38	88
Remaining on 31st Dec. 1884 ..	276	142	418

Expenditure of the Asylum of British Guiana.

With regard to the financial arrangements of this asylum there is not much to be said. It is supported out of the public funds, and the expenditure in connection with it during 1884 was as follows: For salaries, 8,778 dols.; wages, 5,105 dols.; maintenance, repairs, and medicines (22,017 dols., less 526 dols. repaid), 21,491 dols.; total, 35,374 dols. The weekly rate per patient was: For salaries, 38 cents; wages, 22 cts.; maintenance, etc., 95 cts.; total, 1.55 dol., or, in English money, 6s. 5½d., a sum which was lower than the rate of any previous year.

(2.) BARBADOES.

The asylum at Barbadoes is situated four or five miles from Bridgetown, on a slight elevation, and was built by the Government about forty years ago. A wall about the height of a man surrounds the establishment, enclosing the buildings and playgrounds. The buildings are all of one story, and five separate blocks are provided for each of the sexes, two being set apart specially on each side, one for those patients suffering from bodily illness, and the other for maniacal patients. The latter contains two rooms—a smaller cell for the night, and an anteroom for the day. The male side is divided from the female side by a wall, and the patients are brought for the night from an inner court, where they pass the day playing games—lawn-tennis, cricket, and so on—to one of the buildings, which is divided into single cells

opening on to a common hall. The management block is situated in a one-storied building with a small vestibule, accessible through a garden, and here the steward lives and the director's office is situated, the books, journals, etc., being kept in the latter. The director does not live on the premises. The number of patients admitted during 1888 was 81, 42 males and 39 females, and the daily average number resident was 210. During the year, 18 males and 19 females were discharged cured; 3 males improved, and 15 of each sex died; the total number of discharges and deaths being 70. On the 31st of December 1888 there remained in the asylum 218 patients. There is a considerable accumulation of lunatics in the colony, the daily average having increased by 9 per cent. between 1885-88, and some rooms in the now abandoned district "A" prison are utilised for the insane, some fifteen or sixteen quiet patients being sent over nightly to sleep in the associated wards of the old prison. Six cells are also used as single rooms.

Rate of Mortality.

The death-rate is rather more than 14 per cent. of the daily average resident. This is higher than in the past few years, and considerably higher than the death-rate in English county and borough asylums. Perhaps it is owing to the great overpressure, and, if so, an improvement may be looked for in the next year or two, as the new buildings are finished, and will probably be occupied, before the publication of this book.

(3.)—BERMUDAS.

The Bermuda Lunatic Asylum.

The despatch dated March 1863, to which we have referred in another chapter, gives a lamentable account of the then condition of this institution. Beginning with the assertion that "the asylum is one of the worst specimens to be found in the colonies", it proceeds to detail evil after evil, until it concludes with the observation—"It would be very little to say of this institution that it had better never have existed." Happily a change seems to have taken place, and the new asylum, which was erected in 1874, and subsequently enlarged in 1877, 1879, and 1884, appears to be doing its work in a satisfactory manner.

Accommodation and Population.

The existing accommodation in the Bermuda Lunatic Asylum is for 41 patients and 5 attendants. All of the rooms are good. In the single rooms there are 1,400 cubic feet of space, and in the dormitories 709 feet per head. For the most part the rooms are entered, not from corridors, but from open verandahs, or else from the yard, the latter arrangement being seriously inconvenient in bad weather. From the last published report we gather that on the 1st of January 1889 there were 35 patients in residence, 15 being males, and 20 females. During the year 5 males were admitted, and 1 female died, leaving 15 males and 19 females in residence on the 31st of December 1889.

Management.

The asylum is under the immediate management of the medical superintendent, subject to the regulations of the Governor and Council of Bermuda. There is no director. Two members of the Council are official visitors.

Income and Expenditure.

The expenses of the Bermuda Lunatic Asylum are defrayed by the Government, with the exception of a proportionately small amount paid in fees for maintenance. The total expenditure in 1889, under all heads, amounted to £1,277 8s. 11d., and £61 8s. 3d. was paid for maintenance. The approximate cost of maintenance per patient per annum is stated to be £35 8s. 0½d.

Nursing System.

There is no nursing system properly so called. The attendants are chosen from the general public, and learn what they can in the asylum. Hitherto they appear to have done well. In addition to the matron and overseer, there are two male and two female attendants, who do whatever night-work is necessary.

(4)—JAMAICA.

Movement of Population in the Jamaica Asylum.

The number of lunatics resident in the Jamaica Asylum on the 1st of October 1886 was 389, 182 of whom were males, and 207 females; 79 males and 62 females were admitted during the year,

thus making the total number under treatment 530—261 males and 269 females. Of this number, 91 were discharged cured—50 men and 41 women; one woman was discharged relieved; and 23 of each sex died, thus leaving 188 men and 204 women, or 392 patients, resident on the 30th of September 1887.

Income and Expenditure.

The expenses of the asylum, amounting to £6,706 under all heads, were defrayed by Government. The cost per diem, after deducting the returns for maintenance of a few private cases, was 10½*d.*, and the weekly cost per head was 6*s.* 3½*d.* The asylum enjoys the interest of a sum of £442, known as the O'Loughlin Bequest. The income from this source in 1887 was about £15 10*s.*, and the assets of the fund now amount to some £580. It is devoted to furnishing amusements for the patients, as no grant for this purpose appears to be contemplated by the Government.

(5.)—MAURITIUS.

Of the Government Lunatic Asylum, Mauritius, there is but little to be said; 426 patients remained on the 31st December 1886, and the number of admissions in 1887 was 146, of whom 89 were males, and 57 females. The discharges numbered 89, 32 being cured, 56 relieved, and one not improved. 28 males and 17 females died during the year, the ratio of mortality to the number treated being 7.80 per cent. The asylum is very far from being properly drained, and is more than overcrowded, which may account for the death-rate being higher than usual, although it still compares very favourably with many European institutions in this respect.

II.—NORTH AMERICAN DIVISION.

(1.)—ONTARIO.

The entire insane population of this province is under the management of the Inspector-General of Prisons and Public Charities, who is responsible to the Government for their well-being. The total number of lunatics known to the Department on the 30th of September 1888 was 3,856, of whom 3,496 were under

public accommodation. To provide for this population there are, in the first place, four provincial asylums, established under an enactment passed in 1871, and situated at Toronto, London, Kingston, and Hamilton. The medical superintendents are appointed by the Lieutenant-Governor, who also appoints a bursar to manage the financial affairs of the institutions. Admission may be made, either upon medical certificates in the usual way, or upon warrant of the Lieutenant-Governor. The latter course is followed when a lunatic is charged before a justice of the peace, or a police magistrate, as being a person of unsound mind and dangerous to be at large. If the charge is substantiated, he is committed to the county gaol, where he is examined by the gaol-surgeon, one other medical man, and also by the county judge, all of whom grant certificates. The warrant of commitment, with the certificates, are forwarded to the inspector of asylums, who recommends the Lieutenant-Governor to issue his warrant to transfer the lunatic from the gaol to the asylum. Lunatics so confined can only be discharged upon the Lieutenant-Governor's authority, whereas those confined on medical certificates may be discharged at the discretion of the medical superintendent.

The following table shows the number of beds available at the four provincial asylums, and how far they were occupied at the close of the last official year :—

Accommodation in the Four Provincial Asylums of Ontario.

ASYLUM.	Number of Beds.			Number Resident.			Number of Vacancies.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Toronto ...	354	349	703	349	348	697	5	1	6
London ...	452	452	904	456	457	913	—	—	—
Kingston ...	327	358	685	324	344	668	3	14	17
Hamilton ...	467	423	890	425	407	832	42	16	58
Total ...	1600	1582	3182	1554	1556	3110	50	31	81

PRIVATE PATIENTS.

Bye-laws exist in Ontario to provide for the payment of charges for the maintenance of patients in the asylums. At Toronto eight wards are reserved for such patients, and designated as follows:—First, second, and third superior male wards; first, second, and third superior female wards; intermediate pay male ward; and intermediate pay female ward. In the first three grades the

terms are six dollars, four dollars, and three dollars per week respectively ; in the intermediate wards the charge is two dollars per week or less, all these charges being for maintenance exclusive of clothing. When application is made to the medical superintendent for the admission of a patient, for whose maintenance the applicant, or some other person, is willing, or is legally liable and able to pay, the medical superintendent confers with the bursar, giving him all the information he may have received relative to the ability of the applicant, or such other person, to pay for the maintenance, and the superintendent and bursar determine upon the rate to be charged. This payment has to be guaranteed by a bond executed by two responsible persons, after which, and not before, the patient is admitted to the reserve ward corresponding to the rate charged. The obligors in the bond are bound to supply proper clothing, and, in the event of their failing to do so, the bursar provides it in accordance with a requisition signed by the medical superintendent, and collects the costs in addition to the weekly charge for maintenance. In cases where the inspector acts as the statutory committee of any lunatic, and takes possession of his estate, and where the estate is sufficient to defray the cost of the lunatic's maintenance in any of the reserved wards, the inspector dispenses with the usual bond, and instructs the medical superintendent as to the particular ward to which the lunatic is to be committed. When patients have been admitted to the asylum without a bond, and have afterwards become possessed of property sufficient to pay the cost of his past and future maintenance, and the inspector takes possession of it, the lunatic may be transferred from the ordinary to one of the reserved wards, and be charged at the proportionate rate upon the inspector's direction.

The following table shows the number of private patients in the four private asylums of Ontario in the year 1888, and also the revenue received from patients' payments by the institutions :—

Private Patients in Provincial Asylums.—Ontario.

ASYLUMS.				Number of Patients.	Revenue.
					Dols.
Toronto	...	...	...	268	37,193
London	...	...	..	104	10,941
Kingston	...	...	...	58	3,623
Hamilton	...	..	...	87	6,488
Total	...	...	...	517	58,245, or £11,649

PRIVATE ASYLUMS.

All private asylums are under the supervision and inspection of a board of visitors composed of the judge or deputy-judge of the county-court of the county in which the asylum is situated, the warden of the county, the clerk of the peace of the county, and a local physician appointed by the Lieutenant-Governor in council. Before a private asylum can be opened, notice must be given to the inspector, and the plans submitted to him. When these have been approved, the proprietor enters into security for the proper administration of the asylum, and is granted his license, which however, is revocable by the Lieutenant-Governor upon the recommendation of the majority of the justices in the county.

The only institution of this kind in Ontario appears to be the Homewood Retreat, Guelph, of which there are two departments, one reserved for inebriates, and the other for lunatics. The statistics of the latter class for the year ending the 30th of September 1888 are as follows :—

*Movement of Insane Population in the Homewood Retreat,
Ontario.*

HOMEWOOD RETREAT.				M.	F.	T.	M.	F.	T.
Remaining 1st Oct. 1887	...	...	...	6	8	14	—	—	—
Admitted during year	...	...	...	10	7	17	16	15	31
Discharged cured	...	...	...	10	6	16	—	—	—
" improved	...	...	...	—	—	—	—	—	—
Total number of discharges	...	...	...	—	—	—	10	6	16
Died	...	...	...	—	—	—	—	—	—
Remaining 30th Sept. 1888	...	...	...	—	—	—	6	9	15

SPECIAL INSTITUTIONS.

Among special institutions for the mentally afflicted must be classed the Ontario Asylum for Idiots, at Orillia, which is a State institution, subject to the same regulations as the public asylums. The following are the statistics of this establishment for the year ending the 30th of September 1888 :—

Movement of Population in the Orillia Idiot Asylum, Ontario.

	M.	F.	T.	M.	F.	T.
Remaining 1st Oct. 1887 ...	—	—	—	111	99	210
Admitted during year:						
By Lieut.-Governor's warrant ...	13	16	29	—	—	—
By medical certificate ...	37	39	76	50	55	105
Total under medical treatment ...	—	—	—	161	154	315
Discharged unimproved... ..	1	1	2	—	—	—
Died	15	11	26	—	—	—
Transferred	2	1	3	18	13	31
Remaining 30th Sept. 1888 ...	—	—	—	143	141	284

The increase in the insane population of the province of Ontario has been so steady that the pressure upon the asylum accommodation has for some time been very severe. The Toronto Asylum has long been quite inadequate to the demands made upon it, and the system of transferring lunatics from one establishment to another is recognised as being attended by several grave objections. As a consequence, the common gaols in the Toronto district, and notably that of Toronto city, have been almost constantly crowded with lunatics, for whom it has been utterly impossible to make provision. The number thus confined in the year ending the 30th of September 1888 amounted to forty males and eighteen females, a total of fifty-eight persons.

(2).—CANADA.

When a circular was issued by the Imperial Government to the Governors of Colonies in 1863, suggesting that information should be collected as to the state of asylums in the dependencies of the British Empire, many grave deficiencies and surprising abuses were disclosed.

At that time there was only one asylum in the province of Quebec, proprietary in character, at Beaufort, Quebec, with 442 patients under treatment; one in New Brunswick with 174 patients; one in Prince Edward's Island with 22; and one in Newfoundland, where insanity is unusually prevalent, for reasons which have never been made clear, with 88; and none in Manitoba, a colony which has indeed originated since that time. A second establishment for the insane was opened in the province of

Quebec in 1876, by the Sœurs de Providence, in the town of Montreal, which had so outgrown the older institution, that it contained 1,000 inmates in 1883, while Beaufort had no more than 908. Taking these numbers together, it appears that there are in the two provincial asylums 1,908 lunatics, showing one lunatic per 1,000 inhabitants located in a public institution.

But both these establishments, in construction, in management, and medical supervision, presented at a very recent date the most serious grounds for criticism. They are not State institutions, and although through a committee of three the State does exercise a certain degree of control, as a matter of fact the entire organisation is in the hands of the proprietors, who are paid so much per head for the pauper lunatics whom they admit. At Beaufort the rate is £2 5s. 10d. per month for maintenance and clothing. It has been pointed out that such a system leaves it open for the incumbents of the asylum to push economy to an extreme, and leads to deficiency in the provision made for the comfort of the inmates, so that the pecuniary return to the shareholders may be higher. If the inspection were conducted conscientiously this abuse would be avoided, but although the three inspectors report to the provincial secretary, and in the case of the Longue Pointe Asylum, the grand jury are supposed to inquire into the state of the institution, the management of the asylum is very much left to the representatives of the incumbents.

At Longue Pointe, which has been burnt down since the following was written, the visiting physician, who is appointed by the provincial government, resides in Montreal; but there is also a resident physician, who is appointed by the sisterhood, to whom the institution belongs, and who pay him his salary. The system at Beaufort is very similar. The medical superintendent resides in Quebec, the assistant physician not far from the asylum, while the chief officer resident within the building is a warden. In short, at the present time the medical superintendence is practically very much in the hands of the lay officials, and muffs, jackets, wristbands, are all employed, when their use has died out nearly everywhere else. The patients are reported by eye-witnesses to have presented a lamentable spectacle to the visitor as they thrust their heads through the holes of their cells when the button is undone and the door open.

There is a general state of overcrowding. At Montreal some 1,000 lunatics are in confinement, but proposals are already on paper for providing room for 400 more. At Quebec the institu-

tion was opened in 1845, enlarged on the male side in 1865, and on the female side in 1875.

Where medical men are so occasionally in attendance, it would seem that there was all the more necessity for watching by a trained *personnel*. The number of nurses, male and female, is defective, reaching only one to fifteen patients. Perhaps then it is only in the nature of things that restraint should be frequent, when the very best substitute for restraint, a watchful attendant, is impossible.

It is gratifying to learn that this state of things has been condemned by the Medico-Chirurgical Society of Montreal, who by resolution protested against this system of carelessly "farming-out" their insane to private persons, and called upon the State itself to assume the position of guardian to these unfortunate beings.

(3.)—BRITISH COLUMBIA.

There is one asylum in this province, situated at New Westminster, which contains accommodation for about 100 patients. The buildings are old, and when the pressure on the beds is great patients are placed in the Provincial Gaol.

(4.)—NEW BRUNSWICK.

In this Province there is a single asylum belonging to the local government, supervised by a board of eight commissioners, and managed by a medical superintendent. There are 325 beds in reality, although 380 patients are accommodated. As the population of the colony is 321,129, there is therefore one bed to about 1000 persons, and one lunatic under public charge for every 845 inhabitants. To relieve this condition of overcrowding, the director wishes to have cottages erected at some distance from the present establishment. At the present time the farm is only small.

There is accommodation for 112 lunatics in the asylum at Charlottetown, Prince Edward's Island, and 65 other persons of unsound mind are said to reside in the province. As the total population is 108,928, this represents one bed for every 972 inhabitants, and one lunatic to every 615. The latter proportion, upon the face of it, is much below the mark, judging by all analogy, and shows a want of reliability in the figures which we hope will be remedied in future returns. Thus it is difficult to believe that only one person in 5,167 in Wyoming is insane, while there is a lunatic for every 189 in Columbia.

An asylum is to be opened at West Selkirk for the insane of Manitoba; meanwhile the local government has hired temporary premises, instead of transferring these patients to the penitentiary, or Ontario. It is understood that the lunacy laws for Manitoba are based upon those of Ontario.

(5.)—NEWFOUNDLAND.

Newfoundland has an asylum at St. John's, with accommodation for 150 patients.

(6.)—NOVA SCOTIA.

Provision for the insane in Nova Scotia is confined to the one provincial asylum, situated at Mount Hope, Dartmouth, N.S. This institution comes under the jurisdiction of the Board of Commissioners of Public Charities, who appoint one of their number monthly, to be known as the Visiting Commissioner, to inspect the asylum at least once a week. The immediate control is vested in a resident medical superintendent, for the guidance of whom, and of the subordinate officers, a code of bye-laws has been framed and approved by the Lieutenant-Governor in Council.

(7.)—PRINCE EDWARD ISLAND.

The hospital for the insane in this colony is governed by a board of five trustees, who report annually upon the management of the institution to the Lieutenant-Governor in Council. The medical superintendent is a visiting officer only, the resident officials being a supervisor, matron, engineer, and store-keeper. Of the staff of attendants or nurses the last annual report makes no mention.

The asylum is maintained by appropriations from the Legislature, and by patients' payments, the amount derived from the former source being \$17,000 in 1889, and from the latter \$1,670. The expenditure for maintenance, on the other hand, inclusive of the medical superintendent's salary, was \$16,820. In 1889 the *per capita* cost per week was \$2.38, as against \$2.48 the previous year.

Overcrowding exists in the male wards, but in the female wards the pressure on space has been temporarily relieved by converting the part of the Administration Building, formerly occupied by the medical superintendent, into a ward for female patients.

With regard to the population of the asylum, the number of inmates on the 1st of January 1889, was 122. During the year, 24 males and 29 females were admitted, making the total number under treatment 175. Fourteen males and 15 females were discharged, and seven males and one female died, so that on the 1st January there were 64 males and 74 females, a total of 138 patients under care, making an increase for the year of 16. The average number under treatment was 135, with a mortality rate of 6.6.

Inadequate Accommodation.

The asylum has for some years been quite unequal to the demands made upon it, and the consequence is considerable overpressure, and the admission of a large number of chronic insane or life-boarders, pending arrangements to be made for their accommodation elsewhere. Several schemes for relieving this great pressure are under consideration, the one most strongly advocated by the medical superintendent being the adoption of the county "Cottage" Asylums system. Some more extended system of provision for the lunatics of this colony will undoubtedly have to be devised before long, the excess of population over accommodation having been fifty in 1881, and being still very severe in 1888. The two ends to be attained are (1) the arrest of the manufacture of chronic insane, by removing the present incurable cases from the asylum to some other establishment, and thus rendering admission of all recent cases possible; and (2) the provision of appropriate cure and care for all the afflicted; and these two objects, it is submitted, may be most conveniently and economically achieved by the adoption by the Government of the Cottage Asylums system, referred to above. Admissions are made upon two certificates, signed by duly qualified medical practitioners, which empower two county magistrates to make out the warrant committing the lunatic to the asylum. In making applications for admission of a lunatic, a statement has to be made to the medical superintendent, according to a specified form, filled in by the physician, nearest relative, or friend, upon receipt of which the certificate forms to be signed by the two doctors are forwarded to the applicant. No patient can be sent to the asylum until the latter's reply has been received to this statement.

The following table shows the movement of the population during 1888 :—

Movement of Insane Population in the Nova Scotia Asylum.

				M.	F.	T.
Remaining in Asylum 1st Jan. 1888				214	193	407
				M.	F.	T.
Admitted for first time during the						
year	...	...	...	48	35	83
Readmitted	...	...	...	9	12	21
Total admitted during the year				57	47	104
Total under care during the year				271	240	511
				M.	F.	T.
Discharged or removed	Recovered	...	...	21	25	46
	Relieved	...	...	22	15	37
	Not improved	...	...	2	0	2
	Not insane	...	...	0	0	0
	Died	...	...	20	11	31
Total discharged and died during the year				65	51	116
Remaining in Asylum 31st Dec. 1888				206	189	395
Average number during the year				213.5	197.9	411.5

III.—MEDITERRANEAN AND AFRICAN DIVISION.

MALTA AND GOZO.

At Malta only one asylum exists for the reception of the lunatics of Malta and Gozo. The extent of these two islands is so small that hitherto only one municipality has been reasonably possible, represented, of course, by the Government, but such institutions may hereafter be established, should necessity arise. At present all the public charities constitute one department, officially designated the "Department of Government Charitable Institutions". It is presided over by a head official, "the Comptroller of Charitable Institutions", who is, *ex officio*, member of the Council of Government. A body of fifteen commissioners—nine for Malta, and six for Gozo—appointed by Government, inspects the several establishments, and transacts certain business connected with the same, but has no power of framing and enforcing regulations without the consent and approval of Government. This commission is guided by a code of regulations originally framed by the

Government. These Commissioners are to investigate appeals made to them by any of the officers or servants of the institution, and upon such inquiries, if the regulations of the institution do not apply a remedy, and the circumstances require it, they are to make a special report of the case to Government. They have the power of suspending any subordinate officer or servant employed in the charitable institutions, and to report the circumstance to Government for final decision, and in flagrant cases of misconduct they can recommend dismissal. On a vacancy occurring among the subordinate officers and servants of the institution, the commissioners may suggest a fitting person, and submit the proposal for the approval of Government. The Commissioners decide on all applications for relief, whether for admission into the asylums—which include two almshouses and an orphanage in addition to the lunatic asylum—or for outdoor relief; and, further, have the power of discharging any inmate from the asylums, and of removing any person from the relief register.

Management of the Lunatic Asylum.

The Comptroller of Charitable Institutions is the chief director of the asylum, but there are two resident medical officers, and a visiting physician responsible for the professional treatment of the inmates, and for the management and discipline of the establishment. An admitting and discharging board meets periodically, and also inspects every part of the asylum, recording observations on whatever may appear to be wanting or inattentively performed.

Accommodation and Population.

The accommodation in the asylum consists of sixty-three dormitories, of a gross superficial area of 16,900 square feet, and a gross cubic space of 278,975 cubic feet, or an average cubic space per patient of 703 feet; there are thirteen day-rooms and corridors used as day-rooms, with a gross cubic capacity of 411,185 feet, or an average cubic space of 934 feet per patient; there are also forty-two single rooms, the gross cubic space of which is 70,038 feet, allowing an average of 1,667 cubic feet per patient. The mean temperature in winter is 50°, and in summer 67°.

These 454 patients were classified thus: Maniacal and dangerous, 79 males and 63 females; quiet, chronic, 102 males and 93 females; melancholic and suicidal, 35 males and 27 females; and idiotic, paralytic, and epileptic, 33 males and 22 females.

Movement of the Insane Population in the Malta Asylum.

	M.	F.	T.
Admitted during 1888	78	66	144
Daily average under treatment	241	199	440
Discharged { Cured	15	15	30
{ Relieved	2	1	3
{ Not improved	8	11	19
{ Unfit for asylum	19	13	32
{ Died	21	13	34
Remaining 31st Dec. 1888	249	205	454

Method of Admission.

The authority for admission consists of an order filled up according to a printed form, which can be furnished by:—(1) the Commissioners of Charity on medical certificate of a Government medical officer; (2) the syndic of the police district, with the certificate of the dispensary doctor of the district in which the patient resides; (3) the inspector of police, certified as in (2); (4) the superintendent of the ports, certified by the physician of the Lazaretto; (5) the superintendent of the Corradino prison, countersigned by the inspector of charities; (6) two of the medical officers of the Central, Santo Spirito, or Gozo Hospitals, one of whom must be a principal; and (7) the physician of the Ospizio, countersigned by the inspector of charities.

Persons declared insane by the court of law are to be received on warrant of the governor for the time being. If the patient be a resident in Malta, the order of admission must be accompanied by the terms of admission, filled in according to the printed form subjoined:—

“I, hereby agree to pay at the end of every month to the a sum equivalent to a day, for the maintenance of my in the lunatic asylum; and declare that I am unable to contribute a larger sum.”

“We hereby testify to the above agreement, and believe this declaration to be true. Syndic, or Inspector of Police Parish Priest Dispensary Doctor”

According to these terms, patients will be divided into four classes:—(1) paupers for whom nothing can be paid; (2) pensioners for whom less than fourpence a day is paid; (3) contributors for whom less than eightpence a day is paid; and (4) paying patients.

for whom the regulated charge for maintenance is paid. Foreigners are admitted upon the guarantee of their consul to pay a sum not less than sixpence, nor exceeding tenpence a day, according to the account furnished. No private maintenance nor attendance is allowed. The regular day for admission is Wednesday, between 8 A.M. and noon, but cases of acute mania, and other urgent cases, can be received at all times, even without the printed forms, the physician or assistant-physician being bound to report the fact, with the least possible delay, to the inspector, in order that a special board may be convened to certify to the propriety of admitting, and the necessity of retaining, the patient.

Upon his admission every patient is subjected to observation for a period of not less than forty-eight hours. A ward is appropriated for this purpose, screened from view of the rest of the asylum, but allowing of perfect though secret observation of the inmate by the officers of the establishment. A padded observation-cell is provided for violent cases.

Discharges.

No patient may be discharged, either as cured or upon the request of his relatives, without the sanction of the special board.

IV.—AUSTRALASIAN AND EASTERN DIVISION.

(I.)—NEW SOUTH WALES.

The last statistics we have received from New South Wales show that the number of insane persons under treatment on the 31st of December 1887, under official cognizance, was 2,821, distributed as follows:—

Distribution of Insane Population in New South Wales Asylums.

Name of Hospital.	No. on Registers.		
	M.	F.	T.
Gladesville	500	278	778
Parramatta (free)	634	335	969
" (criminal)	53	9	62
Callan Park	398	270	668
Newcastle	127	113	240
Cook's River	23	81	104
Total	1,735	1,086	2,821

The proportion of insane to the whole population is almost a constant quantity, being 2.81 per thousand. Since 1871 the proportion has varied only 0.8 above and 0.14 below the average stated. Attention is drawn by the Government statist to the fact that there is no law in force in the colony to prevent the influx of insane persons, and that, as a consequence, the fine asylums provided by the Government have been the means of burdening the community with the care of insane foreigners. Were it not for this influx of insane from abroad, the rate for the colony would be much lower than it actually is. The number of persons under restraint, being natives of the colony, is only 28.52 per cent. of the total, the native-born element of the total population being 64 per cent. The importance of framing regulations to prevent this immigration of lunatics has been urged by the Inspector-General of Asylums, who declares that there have been cases where lunatics have been removed from board ship direct to the asylums—a state of things that is manifestly very unfair.

One special feature of lunacy administration in New South Wales is the existence of a functionary known as the Master in Lunacy, who has the supreme superintendence over the persons and interests of all lunatics, and acts as guardian, not only of the lunatic, but of any family that may be dependent upon him. Besides enforcing contributions towards the lunatic's maintenance from responsible persons able to make such payments, the Master is empowered to take over the lunatic's property and lay it out as he may deem most advantageous.

All the institutions referred to in the foregoing statistical table fall directly under the control of the colonial government, but three more especially come under the definition of State asylums, viz., Gladesville, Parramatta (free), and Callan Park, the populations of which on the 1st of January 1888, were, respectively, 778, 969, and 668.

Private Patients in Pauper Asylums.

There are no returns available to show the proportion of patients whose full maintenance is paid either out of their own estates or by their relations. The Master in Lunacy, as already mentioned, has power to collect contributions and administer the lunatic's estate, but the bulk of the cost falls upon the State, and only the average weekly cost is shown by the Government statist. This

average is about 12s. 4½*d.* per week, of which the State pays 11s. 2½*d.*, the balance being derived from private contributions. In 1887, when the average number of lunatics located in hospitals for the insane was 2,722, and the total number under care was 3,278, Government expended upon these institutions a total amount of £73,428, representing a weekly cost per patient of 10s. 6*d.*, and an annual charge of 1s. 5*d.* upon each member of the population.

State Criminal Asylums.

All criminal lunatics in the colony are confined at Parramatta in an asylum which is really part of the Free Hospital for the Insane. It consists of two yards with buildings, adjoining this hospital, and is managed in conjunction with it. The criminal insane population in 1887 numbered 62, the usual average being about 60 persons. The following table shows the numbers of the criminal insane in 1887, and the offences for which they were detained. It may be mentioned here, that although these patients necessarily form a very dangerous class, yet restraint is rarely resorted to, and harshness and severity on the part of the attendants are equally uncommon.

Offences of Criminal Insane in New South Wales Criminal Asylums.

Crimes committed by the Insane.	Number of Insane.		
	M.	F.	T.
Murder	20	3	23
Attempt to murder	2	—	2
Manslaughter	2	—	2
Rape	2	—	2
Indecent assault	2	—	2
Unnatural offence	2	—	2
Cutting and wounding, etc.	11	3	14
Burglary and house-breaking	3	—	3
Sheep and horse-stealing	3	—	3
Larceny and petty thefts	3	—	3
Arson and malicious burning	1	1	2
Attempting suicide	—	1	1
Vagrancy	1	1	2
Piracy	1	—	1
Total	53	9	62

Licensed Houses.

There is only one such institution in New South Wales, the Bay View House Asylum, Cook's River, Sydney. It is licensed

for 150 patients, of whom 125 are chronic public patients chargeable to the Government. At least once a month the asylum is inspected by the official visitors, and also by the Inspector-General of the colony, the Master in Lunacy, and the Primary Judge in Equity. The licence is renewable every three years, and is revocable without appeal.

Special Institutions.

Peculiar to New South Wales is the institution known as the Reception House for the Insane at Darlinghurst, Sydney. As its name implies, it was only intended as a temporary home for the insane until they could be transferred to the State asylums; but since, under the 1st section of the Lunacy Act Amendment Act, it was thrown open for the admission of cases of insanity under remand from the police-courts, a practice has grown up of repeatedly remanding the cases from week to week, and so keeping them in the reception-house for a considerable time, although the Lunacy Act specially prescribes that no patient under certificate shall be retained there for a period exceeding fourteen days, unless the medical officer certifies that such patients are not in a fit state to be removed. Admission is made upon an order from a justice of the peace, and in a few cases upon the certificate of only one medical practitioner, when a second doctor is not easily available, or where immediate action is imperative. Before such cases, however, can be transferred to any of the State asylums, a second medical certificate has to be obtained. We have received no details of the population of the reception-house of recent date, but the following table shows the number of patients under certificate received during 1885, and also their disposal:—

Movement of Insane Population at Darlinghurst Reception House.

					M.	F.	T
Remaining 31st Dec. 1884	...	...	...	...	3	2	5
Received	...	...	...	...	219	127	346
Sent to Gladesville	...	...	...	...	66	47	113
" Parramatta	...	...	...	...	1	1	2
" Callan Park	...	...	...	...	141	73	214
" Newcastle	...	...	...	...	1	—	1
" Licensed house, Cock's River	...	...	...	...	1	—	1
Discharged sane	...	...	...	...	10	8	18
Died	...	...	...	...	1	—	1
Remaining 31st Dec. 1885	...	...	...	...	1	—	1

The next table shows the number of patients received during 1885, under Section I of the Lunacy Act Amendment Act:—

	M.	F.	T.
Remaining 31st Dec. 1884	11	5	16
Received	255	91	346
Sent to police-court and discharged as sane	166	45	211
Sent to police-court, certified as insane, and returned to the reception-house ...	91	39	130
Died	4	—	4
Remaining 31st Dec. 1885	5	12	17

Attached to Her Majesty's prison at Darlinghurst, Sydney, is another institution, known as the Observation Ward, which may be described as peculiar to New South Wales, and of which sufficient explanation is contained in the following extract from the report of 1879-80:—

"This ward, which has for some years been used under the prison departmental arrangements for prisoners exhibiting symptoms of insanity, and for persons remanded from the Sydney police-courts for medical treatment owing to symptoms of alcoholism or transient insanity, was, by notification in the *Government Gazette*, dated 16th of May 1879, set apart under the Lunacy Act of 1878, and in the terms of Section 67 thereof, 'for the detention of any prisoner who may be supposed to be insane, or who from mental imbecility may be supposed to be unfit for penal discipline, in order that he may be there placed under observation until it be certified by two medical practitioners, one of whom shall be either the Inspector-General or the superintendent, or medical officer of an hospital for the insane, that he is of unsound mind, or is insane, and a fit subject for detention in an hospital for the criminal insane.' This arrangement was made so as to defeat malingering on the part of prisoners, of which there have been in past years some prolonged and successful examples; and to discriminate, as far as possible, the measure of responsibility, and therefore the fitness for discipline in those difficult cases which stand on the border lands of wickedness and insanity, by bringing the prisoners under the special observation of the medical officer at Darlinghurst Gaol, in circumstances and surroundings calculated to facilitate diagnosis, and by calling to his assistance the special experience of a medical officer of the Lunacy Department, to examine the prisoners, and to sign one of

the certificates necessary for discharge or removal to an hospital for the insane.

"Although this ward is set apart for prisoners of doubtful sanity who are undergoing sentence, it has been found convenient as a departmental arrangement, and in default of other accommodation, to admit also persons found to be insane whilst awaiting trial, or on arraignment, those acquitted on the ground of insanity and awaiting medical certificates necessary for their admission into an hospital for the insane, certain epileptics, and also the large number of cases of *delirium tremens* and doubtful sanity, which the magistrates, sitting in the Sydney police-courts, see fit to remand for temporary medical treatment, or further evidence."

Details of the population of this establishment are not included in the Government statist's report for the year 1887-8, but from the Inspector-General's report for 1885 we gather the following particulars :—

The number of patients remaining on the 31st December 1884 was thirteen, and the number admitted during the year was fifty-nine, making seventy-two under care and treatment; of these, forty-six were discharged of sound mind, and fit for prison discipline; twelve were certified insane, and sent to hospital; six were discharged to the police-courts; and eight remained on the 31st of December 1885. In addition to these cases one prisoner was admitted whilst awaiting trial at the Quarter Sessions, and one hundred were admitted whilst under sentence, whilst five of the latter class remained from the previous year.

Finally, under the head of special institutions must be mentioned the Newcastle Asylum for Idiots and Weak-minded Children, of which, however, we have received no detailed information of recent date. We have no reason to believe that it presents any special features. The population of this establishment in 1887 amounted to 240, viz., 127 males and 113 females.

(2.)—QUEENSLAND.

There are only two lunatic asylums, properly speaking, in Queensland, situated at Woogaroo and Ipswich. Of their condition we have no recent information, but in character they are like the majority of the Australasian asylums, being State institutions, supported from the public funds. Their accommodation in wards and single dormitories is shown in the annexed table :—

Accommodation in two Queensland Asylums.

ASYLUM.	Number of Sleeping Wards and Single Dormitories.		Aggregate number of cubic feet in		Number of Beds.		
	Wards.	Dormitories.	Wards.	Dormitories.	M.	F.	T.
Woogaroo ...	55	129	320,813	95,410	456	350	806
Ipswich ...	10	—	69,005	—	119	—	119
Totals ...	65	129	389,818	95,410	575	350	925

The following table shows the movement of the population in these two institutions for the year ending the 31st of December 1888 :—

Movement of Insane Population.

ASYLUMS.	ADMISSIONS, ETC.								
	Remaining on 1st of January.			Admitted.			Total number under Treatment.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Woogaroo ...	435	320	755	179	87	266	614	407	1,021
Ipswich ...	119	—	119	11	—	11	130	—	130
Totals ...	554	320	874	190	87	277	744	407	1,151

ASYLUMS.	DISCHARGES, DEATHS, ETC.															
	Discharged.															
	Cured.		Im- proved.		Total.			Absconded and Retaken.			Died.			Total Discharged and Died.		
	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Woogaroo ...	84	36	14	2	98	38	136	10	—	10	60	19	79	158	57	215
Ipswich ...	—	—	8	—	8	—	8	5	—	5	3	—	3	11	—	11
Totals ...	84	36	22	2	106	38	144	15	—	15	63	19	82	169	57	226

Remaining on 31st of Dec. :—Woogaroo : Males, 456 ; females, 350 ; total, 806. Ipswich : Males, 119 ; females, *nil* ; total, 119. Totals :—Males, 575 ; females, 350. Grand total, 925.

Special Institutions.

In addition to these asylums there are also four reception-houses, situated at Brisbane, Maryborough, Roehampton, and Townsville, the latter merely being Her Majesty's gaol, where the patients are lodged in cells, and subjected to prison discipline. The total accommodation is 13 wards, and 11 refractory cells, containing 33 beds for males, and 30 for females. In these houses 5 males, and 3 females remained on the 1st of January 1888, and 252 males

and 105 females were admitted during the year, the total number under treatment being 365, viz., 257 males and 108 females. Of these, 88 were discharged cured, 6 improved, 260 were transferred to the asylums, and 3 died, the total number of discharges and deaths thus being 357. On the 31st of December 5 males and 3 females remained in the reception-houses.

(3.)—SOUTH AUSTRALIA.

There are only two asylums in this colony, both of which are public institutions under Government control and maintenance, only a small proportion of the patients' cost being defrayed by fees collected from their relatives, or their own estates. The Adelaide, or Central Terrace Asylum, and the Parkside Asylum are under the charge of the same medical superintendent, and necessarily admit all classes of patients—private, pauper, and criminal and dangerous. The daily average number of inmates has risen steadily in the last ten years from 528 in 1879 to 750 in 1888. The amount paid by Government for the asylums, exclusive of buildings, was £21,644 5s. 4d. in 1888, and the fees for maintenance received amounted to £1,897 3s. 10d. The daily average cost of each patient was 1s. 7d., and, after deducting the fees paid for maintenance, 1s. 5¼d.

The following table shows the movement of population in the two asylums for the year ending the 31st of December 1888:—

Movement of Insane Population.

					M.	F.	T.
Remaining 31st Dec. 1887	...	...	...	...	421	329	750
Admitted during the year 1888	...	...	...	...	130	60	190
Total number treated	...	...	...	...	551	389	940
Discharged	{	Recovered	...	...	59	14	73
		Improved	...	...	29	28	57
		Not improved	...	...	1	—	1
		Not insane	...	...	—	—	—
Escaped	...	...	...	...	1	—	1
Died	...	...	...	...	31	19	50
Re-admissions (included in admissions)	...	...	...	...	33	5	38
Remaining 31st Dec. 1888	...	...	...	...	430	328	758
Class of patients	{	Private	...	...	14	18	32
		Pauper	...	...	338	291	629
		Criminal	...	...	78	19	97
Total	...	...	...	...	430	328	758

The following decennial return is of interest, showing the ratio of lunatics, idiots, and persons of unsound mind to the total population :—

Ratio of Insane to Total Population.

Year.	Population.	Total number of Lunatics, Idiots, and persons of Unsound Mind.	Ratio per 1,000 to the Population.
1879	259,460	534	2.05
1880	267,573	587	2.19
1881	286,324	606	2.11
1882	293,509	635	2.11
1883	*310,967	671	2.15
1884	*318,300	684	2.14
1885	*319,769	727	2.27
1886	*318,785	744	2.33
1887	*323,288	750	2.31
1888	*323,932	758	2.34

* Including Aborigines.

(4.)—VICTORIA.

For some reason which it is not easy to determine, lunacy is more general in Victoria than in the other Australasian colonies, the proportion of the insane to the total population, according to the census of 1881, being as follows :—Victoria, 1 lunatic in every 304 persons ; Tasmania, 1 in every 334 ; South Australia, 1 in every 436 ; and New Zealand, 1 in every 437. The Inspector, in his last published report, to 31st Dec. 1889, gives the proportion of registered insane to population for that year as 1 in 300 in Victoria, 1 in 377 in New South Wales, and 1 in 477 in South Australia. These figures are exclusive of the idiocy returns, and the above are the only colonies which collected complete returns of lunacy apart from idiocy. In Victoria, lunatics were in the proportion of 32.85, idiots of 1.87, and epileptics of 3.36 per 10,000 of the total population.

The existing provision for the insane is not adequate to the requirements of the colony, and for some years there has been considerable overcrowding in the asylums. The Inspector-General having on several occasions drawn attention to this, efforts have been made since 1888 to lessen the evil. In 1889, eighteen single rooms were added to the asylum at Yarra Bend, a cottage for twenty children to the asylum at Kew, and accommodation for 162 to that of Ararat. Further additions are in process of completion at Beechwood and Ararat. Notwithstanding the increased provision, the number of patients received into the asylums in 1889 (3,494) shows an excess of 181 above the accommodation provided.

State Asylums.

All the institutions for the insane in Victoria come under this definition, as since the closing of the Cremorne Retreat in 1884 there have been no private asylums in the colony. In 1888 an Act was passed especially prohibiting the licensing of any private houses. A single patient, however, may be admitted into a private establishment, provided a licence is obtained from the minister. Patients may also be removed from the asylums and committed to the charge of friends under certain conditions, and can be re-admitted, when desirable, without the necessity of renewing the original formalities of entrance. This system of "probation" (section 60 of the Lunacy Statute) offers a substantial means of relief to the overcrowded condition of the asylums, and is largely taken advantage of, no fewer than 349 patients having left the asylums under this section of the Act. These asylums are six in number, and, with the exception of that at Yarra Bend, are all of modern construction. The following table gives particulars for the year ending the 31st of December 1887:—

Capacity of six Asylums in Victoria.

ASYLUM.	ACCOMMODATION.					Cubic space per Bed.
	Number of Dormitories.	Aggregate number of cubic feet of space in Dormitories.	Number of Beds.			
			M.	F.	T.	
Ararat ...	134	230,910	237	197	434	532
Beechworth ...	124	303,401	301	200	501	606
Kew ...	263	656,938	522	453	975	674
Idiot Asylum (Kew)	12	35,244	37	17	54	653
Sunbury ...	44	283,659	238	285	523	542
Yarra Bend ...	313	482,494	454	347	801	602
Total ...	890	1,992,646	1,789	1,499	3,288	606 (Average)

The total expenditure directly bearing on the hospitals for the insane during 1889 was £108,380. There was paid into the Treasury the sum of £13,143, being the proceeds of collections by the Master of Lunacy, fines, fees, and sale of live stock, etc. It is customary to deduct these receipts from the general expenditure, and thus an average cost per bed of £27 15s. 9d. is arrived at. The table on the opposite page gives the returns of vital statistics of the various lunatic asylums for the year 1889. The percentage of mortality (6.92) shows a considerable decrease on preceding years.

Movement of Insane Population in Victoria during 1889.

	AKARAT.		BEECHWORTH.		KEW.		KIV IDIOT ASYLUM.		SUNBURY.		YARRA BEND.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Remaining on the 1st of January 1889	320	239	306	206	559	503	46	20	241	284	494	414
Numbers {	9	1	3	1	52	41	1	—	—	2	24	10
admitted during {	58	62	20	7	155	111	11	23	1	4	116	80
the year {	9	42	1	—	6	6	6	17	1	6	2	7
Transferred during the year (a)												
Total ...	76	105	24	8	213	158	18	40	2	12	142	97
Cured ...	28	18	12	3	76	74	2	—	—	—	51	31
Improved ...	—	—	2	1	14	33	—	—	—	—	40	37
Unimproved ...	9	3	2	2	20	33	—	1	4	9	23	32
Absconded and not retaken (1)	1	—	—	—	1	1	—	—	—	1	3	—
Removed by friends on probation (2)...	3	5	2	3	21	36	3	3	—	—	26	31
Transferred (3) ...	4	3	1	2	4	32	—	1	3	8	13	32
Died ...	29	12	16	11	49	30	3	6	4	13	52	12
Total ...	74	41	35	22	185	239	8	11	11	31	208	175
Numbers remaining 31st December 1889 (b) ...	321	269	297	197	607	485	53	36	234	268	468	392

(a) These figures are not included in total admissions.

(b) These figures include cases on probation and those transferred and absconded, *i.e.*, (1), (2), and (3).

(5.)—TASMANIA.

The insane population of Tasmania is provided for in two institutions, the Cascades Lunatic Asylum, Hobart, and the New Norfolk Asylum, both of which are State establishments. The management is vested in a board of commissioners, who have control over the medical superintendent and all the other paid officials, and who in their turn are responsible to the Chief Secretary of Tasmania. The accommodation in these institutions is as follows :—

Accommodation in the two Tasmanian Asylums.

ASYLUM.		Number of Wards	Aggregate Capacity in cubic feet.	Beds.	
				M.	F.
New Norfolk	...	108	291,264	140	160
Cascades	...	33	61,516	90	—
Total	...	141	352,780	230	160

The following table shows the movement of population for the year ending the 31st December 1888 :—

Movement of Population in Tasmania.

	Remaining on 1st Jan 1888.		Admitted.		Discharged.						Died.		Remaining on 31st Dec 1888.	
	M.	F.	M.	F.	Cured.		In- curable.		Other- wise.		M.	F.	M.	F.
					M.	F.	M.	F.	M.	F.				
New Norfolk ...	135	157	25	24	12	21	—	—	—	—	14	3	134	157
Cascades ...	56	—	1	—	—	—	—	—	1	—	1	—	55	—
Total ...	191	1	26	24	12	21	—	—	1	—	15	3	189	157

The daily average at the New Norfolk Asylum was 134 males and 158 females; of these, 132 males and 147 females were chargeable to the Colonial Government, while 2 males and 11 females were chargeable to the Imperial Government. The daily average at the Cascades Asylum was 56 males, 23 of whom were chargeable to the Colonial and 33 to the Imperial Government. The inmates of the latter asylum are chiefly prisoners from Port Arthur, belonging principally to the chronic class.

Private Patients.

At the New Norfolk Asylum private patients are received at fees reaching a maximum of 35s. per week. They are lodged in detached cottages, known respectively as the ladies' and gentlemen's cottage, which are described as being really private establishments within a public institution.

The following table shows the sources of income of the two asylums, and the amounts derived from each :—

Income and Expenditure of Tasmanian Asylums.

ASYLUM.	From Government.						Private Contributions.	Other sources.	Total.			
	Colonial.			Imperial.								
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
New Norfolk	7,523	11	10	431	11	3	2,455	3	4	47	3	0
Cascades ...	2,038	4	2	—	—	—	—	—	—	10,457	9	5
	2,038	4	2							2,038	4	2
Total ...	9,561	16	0	431	11	3	2,455	3	4	47	3	0
										12,495	13	7

At New Norfolk the cost per head per year, based upon the average number of inmates per day per year, as ascertained by the actual number of diets provided for in-patients per year, was £35 16s. 4d., and the cost per case per year £30 13s. 4d. At the Cascades asylum the cost per head per year was £37 1s. 2d. and the cost per case £36 8s.

(6.)—NEW ZEALAND.

There were, in 1881, 1,125 insane patients in the ten public asylums of New Zealand. Of these ten asylums, five, that is to say one-half, were temporary, there being at the present time seven institutions in the colony. The accommodation was by no means equal to the demand for admission, indeed, there were only 893 beds for the whole number of more than 1,000 patients.

To meet the necessities of the time, a series of new buildings was in process of erection. At Auckland, a new wing was added to the asylum, for 107 patients; at Christ Church, a wing for 100 men; at Seacliffe, another building for fifty patients, besides the permanent asylum for 300.

The entire cost is in all cases borne by the Government, whose expenditure during the financial year ending March 31st 1881,

was £39,604 5s. 6d., and whose liabilities at the same date were £24,911 8s. 10d. The average cost of maintenance was £30 13s. 1d. in gross, but deducting repayments it amounted to £26 15s. 1½d.

It may be interesting to add at this point that the wages of the attendants, which had been very high, have been in many cases reduced. Thus, at Hokitika, men who had been receiving £120 were reduced to a wage of £100 in four cases, one only remaining at the former rate. Again, at Christchurch, where most of the men were receiving £127 15s. without rations, and the remainder £109 10s., four of them had their pay reduced to £90, and the rest to £80.

It appears, generally, that these asylums only partially fulfil their purpose. In some cases the buildings are deficient, the furniture being unsuitable for its purpose, whilst there is much overcrowding in all parts of the establishment. The attendants, having no distinctive uniform or dress, are undistinguishable from the patients, except for the keys they have hanging from the waist. While the non-restraint system is generally adopted, the straight-waistcoat is still occasionally used, but if the many alterations in contemplation were carried out, even this would soon cease to be necessary.

From the last report on the lunatic asylums of this colony it appears that the number of registered insane persons on the 31st December 1889, was 1,761, distributed as follows:—

Population in New Zealand Asylums.

	M.	F.	T.
Auckland	261	128	389
Christchurch	223	145	368
Seacliffe	282	214	496
Hokitika	75	30	105
Nelson	56	42	98
Wellington	160	112	272
Ashburn Hall (private asylum) .	17	16	33
Totals	1,074	687	1,761

This grand total represents an increase of eighty patients in the asylums since the corresponding date in the previous year. The next table shows the movement of the population in the asylums during 1889:—

Table showing the Movement of the Insane Population in the seven Asylums of New Zealand in 1889.

				M.	F.	T.	M.	F.	T.
Remaining 1st Jan. 1889	...	...	...	—	—	—	1,041	640	1,681
Admitted	...	...	...	181	123	304	} 230	151	391
Readmitted	...	...	...	49	38	87			
Total under treatment	...	...	...	—	—	—	1,271	801	2,072
Cured	...	...	...	93	53	146			
Relieved	...	...	...	31	30	61			
Not improved	...	...	...	3	1	4			
Died	...	...	...	70	30	100			
							197	114	311
Remaining 31st Dec. 1889	...	...	...				1,074	687	1,761

Overcrowding and its Remedy.

The following remarks of the inspector of asylums are so interesting that we quote them *in extenso* :—

"I have been obliged, year after year, with painful iteration, to call the attention of Parliament to the results of the peculiar system of admission to our asylums which prevails in these Colonies. In Great Britain, the United States, and Canada, a standard is fixed, and no further admissions are allowed till more accommodation is provided. Here, patients are admitted, whether there is room or not, and the accumulation goes on until some scandal calls public attention to its consequences. What with the difficulty, on the one hand, of getting money to provide asylum accommodation for the acute cases, as well as for the chronic and harmless insane, and, on the other hand, the determination of the charitable aid boards and their officers to have nothing to do with destitute persons who are mentally weak, especially if they give any trouble, the responsibility of preventing overcrowding is almost too much for any man to face, and, therefore, I think in our circumstances it would be wise to so amend the lunacy law as to fix a minimum day-room and dormitory-space per patient. It would then become necessary for the country either to face the whole question frankly, or to take the alternative and refuse admission to all those whose friends could afford to provide for them elsewhere, thus, practically, confining our public asylums to the pauper class. So long as public feeling will not tolerate the dis-

charge of any harmless incurables when they are no longer dangerous to themselves or the public, unless the officer discharging has made sure that a suitable refuge is ready to receive them, so long will this accumulation go on, to the injury of all who are inmates of our asylums. It is time that we realised the fact that a State system of public asylums for all classes, provided at a minimum cost to the patients and their friends, and free of charge to the large majority who are either unable or cannot be made to pay, is a very onerous undertaking. When to this we add the further undertaking to keep all who are once admitted until they either recover or can be removed to refuges provided out of local taxes, and that with the consent of the representatives of the rate-payers, it is evident that the Government must provide refuges for all the mentally infirm if they would prevent every asylum in the Colony being turned into a workhouse."

At present the asylums are full, and one of the chief difficulties in the situation is that, although large sums have been spent at one or two asylums, there has been no proportionate increase in the accommodation. Altogether the question of lunacy administration in New Zealand is a very difficult one, and the next two or three years will be an interesting period in its history.

Income and Expenditure.

The asylums are provided for by the Government, except in so far as a few private patients are concerned. The total expenditure for the year was £44,943 15s. 5½*d.*, and the repayments for maintenance and sale of produce amounted to £8,924 10s. 9*d.*, thus reducing the actual cost to £36,019 4s. 8½*d.* The yearly cost per patient is £20 11s. 8¾*d.*, against £20 6s. 7¼*d.* the previous year. Although there is an apparent increase, it in reality means a saving of 7s. 2*d.* a head, for there is included in this sum an amount of £1,052 9s. 3*d.* for repairs and buildings, which formerly used to be charged to loans. Allowance must also be made for the increase of cost caused by the tariff, and the almost universal rise in the cost of provisions.

(7.)—FIJI.

There is one asylum in Fiji, which contains accommodation for less than twenty patients, having fifteen single rooms, a day-room common to both sexes, and three verandahs. The gross cubic

space of the day-room was 2,348 feet, and of each single room 768 feet. The asylum contained on an average thirteen patients, of whom ten were males and three females at the date of the last report. These were classified as follows:—Maniacal and dangerous, two males; quiet chronic cases, five males and one female; melancholic and suicidal, one of each sex; idiotic, paralytic and epileptic, two males and one female. The daily average residence throughout the year amounted to eight, of whom six were males and two females. Two males and two females were admitted during the year, and three males and one female were discharged, of whom one male was cured, one improved and one not improved, whilst the female died. There is a board of visitors, who attend at the asylum three times in the course of twelve months. The asylum was also visited by the Governor or Colonial Secretary on one occasion by appointment. The chief medical officer of Fiji acts as superintendent of the asylum. The average temperature is 76° in winter and 80° in summer. The water-supply is stated to be good.





CHAPTER VIII.

FRANCE.

NUMBER OF INSANE ADMITTED INTO INSTITUTIONS.—CONSTANT INCREASE OF THE ASYLUM POPULATION.



HERE are at present in France 108 institutions specially devoted to the insane, and the number of patients confined, which in 1834 was about 10,000, has been successively increased during every decade from 10,000 to 55,713, as the following figures show :

On the 31st of December				1834	there were	10,000
"	"	"	"	1844	"	16,255
"	"	"	"	1854	"	24,524
"	"	"	"	1864	"	34,919
"	"	"	"	1874	"	42,077
"	"	"	"	1884	"	48,800
"	"	"	"	1889	"	55,713

And it should be observed that these last three totals would be much higher if we still had to include, as in the former periods, the patients of Alsace and Lorraine. But the increase of the total number of insane cannot be the only cause of the ever-increasing growth of the asylum population. It undoubtedly has several origins, all of which are known. It is due to the philanthropic movement in favour of the insane, which, in spite of everything, is still superior to the occasionally excessive desire to keep down the expense ; and partly to the more general custom among the people of claiming the assistance of the asylum, a custom which becomes widespread and prevalent in direct ratio to the proximity of the asylum ; it is due also to a necessity which is a result of the exten-

sion of industry ; a family which formerly would have taken care of one of its members, if insane, can no longer do so, as their trade claims all their attention ; perhaps it is also partly due to a loosening of the family ties ; but it is often just as much caused by the hope of effecting a cure, which formerly was regarded as impossible. It is also due to the tardy admission of lunatics originally curable, which diminishes their prospects of cure, and makes their residence in the asylum perpetual ; a state of things for which the departmental administrations are far more responsible than are the families ; and lastly, it is due to the successive improvements in all parts of the service of the asylums, which, although still incomplete, are on the whole remarkable, and have much reduced the mortality. To these causes it may be as well to add the perhaps more frequent admission and support of patients thought to be harmless, though often wrongly so, *i.e.*, persons suffering from senile dementia and idiocy.

Many theoretical methods have been extolled for lessening the total number of the insane and the asylum population simultaneously ; but here, again, criticism is easy, and the propounders of these theories would be very much embarrassed if called upon to put them into practice. Of various methods they regard the diffusion of instruction as being likely to be one of the most effectual ; but they would be a little more within the truth if they were to say the diffusion of physical and moral education. Instruction, despite its excellence from a more general point of view, would, in this case, have only a negative value, for it is the less civilised countries and districts, and the less instructed peoples, that give the smaller returns of insane ; ignorance combined with distress, as it so often is, doubtless produces more imbeciles, idiots, and cretins. But instruction does not only go no farther ; it is by it and with it that those passions are born and developed, which too often are the parent stem as well of true insanity. The situation must, therefore, be accepted as it stands, since it seems to be predestined ; and generous provision must be made for the necessities it imposes, lest haply it grow even worse.

ENUMERATION AND CLASSIFICATION OF FRENCH LUNATIC ASYLUMS.

A distinction is made in France between two kinds of institutions : asylums which are licensed, and houses which keep lunatics

without being licensed for that purpose, and even in defiance of the law.

There are 108 licensed asylums in France, viz. :—

1. Establishments under the direction of the public authorities (art. 2 of the law of 1838)	50
2. Establishments under the superintendence of the public authorities (art. 3)	58
Total	108

The first class is sub-divided as follows :—

Institution belonging to the State (Maison nationale de Charenton)	1
Institutions belonging to the departments	42
Institutions having a private existence	7
Total	50

The fifty-eight institutions under the superintendence of the public authorities are divided as follows :—

Eighteen Hospital Wards—

Doing duty as public asylums	16
Not admitting paupers—Mattaincourt (Vosges), and St. Nicholas (Meurthe)	2

Forty Private Asylums—

Eighteen doing duty as public asylums :—

Belonging to private individuals, Clermont (Oise) and Leyme (Lot)	2
Belonging to religious communities	16

Twenty-two not receiving paupers :—

Belonging to private individuals	21
Belonging to Les Dames de St. Joseph de Lyon (Vaugneray)	1

Total 58

A.—Special Public Asylums.

The forty-two public asylums which are regarded as departmental property are the following :—

Departments.	Asylums.	Departments.	Asylums.
Aisne ...	... Prémontré	Mayenne ...	La RocheGandon
Allier ...	... Ste. Catherine	Meurthe-et-Moselle	Maréville
Ariège ...	... St. Lizier	Meuse ...	... Fains
Aveyron ...	... Rodez	Morbihan ...	... Vannes
Charente...	... Brenty	Nièvre ...	... La Charité
Charente Inférieure..	Lafond	Orne ...	... Alençon
Cher ...	... Bourges	Pas de Calais .	... St. Venant
Côte d'Or ...	... Dijon	Pyrénées (Basses)	Pau
Eure ...	... Evreux	Rhône ...	... Bron
Eure et Loir ...	... Bonneval	Sarthe ...	... Le Mans
Finistère...	... Quimper	Seine ...	{ Ste. Anne
Haute Garonne	... Toulouse		{ Ville Evrard
Gers ...	... Auch		{ Villejuif
Ille et Vilaine	... St. Méen	Seine Inférieure	{ Vacluse
Isère ...	... St. Robert		{ Saint Yon
Jura ...	... Dôle		{ Quatre-Mares
Loir et Cher	... Blois	Var ...	... Pierrefeu
Lozère ...	... St. Alban	Vaucluse ...	... Mondevergues
Maine et Loire	... Ste. Gemmes	Vendée..	... LaRoche-sur-Yon
Marne ...	... Châlons	Haute Vienne	... Naugeat
Haute Marne	... St. Dizier	Yonne ...	... Auxerre

The seven asylums which have a private existence are :—

Departments.	Asylums.
Bouches du Rhône ..	.. { St. Pierre à Marseille
	.. { Aix
Gironde ... ..	... { Cadillac
	... { Bordeaux
Nord ... ..	... { Armentières
	... { Bailleul
Savoie ... ..	... Bassens

B.—Hospital Wards.

The sixteen hospital wards which do duty as public asylums are situated in the following towns and departments :—

Cantal ...	... Aurillac	Morbihan	... Vannes
Côtes du Nord	... St. Brioux	Rhône (Lyon)	... Antiquaille
Finistère	... Morlaix	Seine ...	{ Bicêtre à Gentilly,
Hérault	... Montpellier		{ La Salpêtrière
Indre et Loire	... Tours		{ à Paris
Loire Inférieure	... Nantes	Deux Sèvres	... Niort
Loiret ...	... Orléans	Vienne...	... Poitiers
Manche	... Pontorson	Vosges...	... Epinal

C.—Private Asylums doing duty as Public Asylums.

The sixteen private asylums doing duty as public asylums, which are not governed by private individuals, belong to the following communities :—

Community.	Town.	Department.	Asylums.
Dames de St. Joseph de Bourg ...	Bourg	... Ain ...	{ St. Georges Ste. Madeleine
Frères de Sainte Marie del'Assomption ...	Privas	... Ardèche...	... Ste. Marie
	Monestier	... Corrèze ...	... La Cellette
	Le Puy	... Haute-Loire	... Montredon
	Clermont	... Puy de Dôme	... Ste. Marie
	Nice ..	... Alpes Maritimes	... St. Pons
Sœurs St. Joseph de Cluny ...	Limoux	... Aude ...	... Limoux
Dames du Bon Sauveur de Caen	Caen ...	... Calvados	... Le Bon Sauveur
	Pont l'Abbé	... Manche ...	... Le Bon Sauveur
	Albi ...	... Tarn ...	... Le Bon Sauveur
	Bégard	... Côtes du Nord	... Le Bon Sauveur
Dames du Bon Sauveur de St. Lô	St. Lô	.. Manche...	... Le Bon Sauveur
Frères St. Jean de Dieu ...	Dinan	... Côtes du Nord	... Lehon
	Marquette	... Nord ...	... Lommelet
	La Guillotière } à Lyon	Rhône ...	... St. Jean de Dieu

D.—"Maisons de Santé."

Lastly, the twenty-one "maisons de santé" belonging to private proprietors are situated in the following departments :—

Bouches du Rhône ...	St. Rémy	Loire Inférieure ...	Nantes
Haute-Garonne ...	Toulouse	Meurthe ...	... Jarville
Gironde ...	... Le Bouscat	Rhône ...	... Lyon
Hérault ...	... Montpellier	Seine ...	{ Paris and its environs, 13
Jura ...	... Dôle		

Total 21.

Unlicensed Institutions.

But these 108 institutions are not all that receive and confine the insane ; some patients are still kept for months and even for years, sometimes under the pretext of placing them under observation, and sometimes as being neither curable nor dangerous, in the hospitals, alms-houses, or poor-houses. We will instance particularly the hospitals of Besançon and Havre, and the poor-house

of Montreuil-sous-Laon, where the insane are confined and maintained in defiance of the express directions of the law.

Object of the Institutions.

Of the 108 establishments for the insane, twenty-five, including Charenton, only receive paying patients from their families or from the State, while nearly all the others admit pauper lunatics, and also patients paid for by their families. The seventy-nine public asylums, or institutions doing duty as public asylums, are divided as follows :—

Special public asylums	49
Wards attached to hospitals or almshouses	16
Private asylums	18
	—
Total	83

Of these eighty-three asylums, ten receive men only, and eleven only admit women. The former consist of four special asylums, viz., Cadillac (Gironde), Quimper (Finistère), Armentières (Nord), Quatre-Mares (Seine Inférieure)—this last asylum contains fifty women provisionally ; one almshouse ward at Bicêtre, and five private asylums, viz., Saint-Georges (Bourg, Ain), La Cellette (Corrèze), Lehon (Côtes du Nord), Saint Jean de Dieu, à la Guillotière (Rhône), and Lommelet (Nord).

Of the latter class are four special asylums, Bordeaux (Gironde), Bailleul (Nord), Saint Venant (Pas-de-Calais), and Saint-Yon (Seine-Inférieure) ; four almshouse wards, viz., St. Brienne Morlaix (Finistère), Vannes, La Salpêtrière ; and three private asylums, viz., Sainte Madeleine (Bourg, Ain), Bégard (Côtes-du-Nord), and Saint-Lô.

The fifty-eight other institutions admit both men and women.

GENERAL DESCRIPTION OF FRENCH LUNATIC ASYLUMS.

Population of the Asylums, and Classification of Lunatics by Wards.

Number of Insane admitted into Asylums.

The department of the Seine differs essentially from the other departments. More than half of its insane are placed in the provincial asylums, to which they are only usually transferred when they present little or no chance of cure. Those who remain, either

in the three special asylums or at La Salpêtrière or Bicêtre, consequently present, from this very fact, or at least ought to present, all things being equal, more chances of cure than the insane placed in the other establishments. If, instead of the Seine, we take a department of less importance, the asylum of which receives all the pauper lunatics of that department to the exclusion of all others, we find that the number of admissions into that asylum represents hardly 25 to 30 per cent. of the population of the asylum, and that the proportion of insane under treatment is scarcely more than 10 or 12 per cent., including even those who are suffering from incidental diseases. Under such circumstances, 400 to 500 patients, or even more, may be entrusted to a single medical superintendent, if, as is the case now in all the large institutions, the medical superintendent is assisted by a deputy. There is, moreover, no serious objection from the double point of view of hygiene and the medical service, against raising the asylum population to five, six, eight, and even twelve hundred patients; and as, from another side, large asylums lend themselves better to the organisation of classified wards, and in addition offer undeniable advantages in connection with the economic service, we do not hesitate to say that the population might be raised to 1,200 patients in an asylum for both sexes, if otherwise established under favourable conditions.

The minimum number is harder to fix; we believe, however, that we are right in declaring that, unless an exceptionally high daily rate of maintenance is charged, a special public asylum cannot meet the indispensable expenses which devolve upon it, if its population does not reach at least 400 patients. As for almshouse wards, and private asylums doing duty as public asylums, they present peculiar features in connection with the economic services, and also with the staff, which prevent them from being compared in this respect with the special asylums. The principles that we have just detailed, concerning the population of asylums, have been adopted in almost every country. In France they have but seldom been diverged from, at any rate in the foundation of the departmental asylums, the only, or almost the only, institutions about the construction of which the higher administration is regularly consulted. Subjoined is a list of those French special public asylums of which the population was below 400 on the 1st of January 1875, and of those which contained more than 600 patients.

French Asylums with Population below 400.

Asylum.	Population.	Asylum.	Population.
St. Lizier (Ariège) ...	... 244	Rodez ...	... 336
Bourges ...	... 249	Alençon ...	... 339
Brenty (Charente) ...	... 267	La Roche-sur-Yon ...	... 360
Lafond (Charente Inférieure) ...	... 306	Bonneval ...	... 373
La Charité (Nièvre) ...	... 310	Quimper ...	... 384
Moulins ..	... 326	Saint Alban... ..	... 389
Pierrefeu (Var) ...	... 300		

French Asylums with Population over 600.

Asylum.	Population.	Asylum.	Population.
Maréville (Meurthe-et-Moselle)..	1,401	Evreux	744
Bailleul (Nord) ...	958	Toulouse	731
St. Yon (Seine Inférieure) ...	936	Quatre-Mares (Seine Inférieure)	702
Mondevergues (Vaucluse) ...	926	Ste. Gemmes-sur-Loire (Maine	
Marseilles	923	et Loire)	689

In all the other special public asylums the population varies between 400 and 600 patients.

The following are those of the almshouse wards and private asylums which contained more than 600 patients on the 1st of January 1875 :—Almshouse wards, L'Antiquaille at Lyon, 1,020 ; La Salpêtrière at Paris, 811 ; and Saint Jacques at Nantes, 652. Private asylums, Clermont (Oise), 1,465 ; Le Bon Sauveur, at Caen, 1,023 ; Sainte Madeleine at Bourg, 737 ; and Saint Jean-de-Dieu, at La Guillotière, near Lyons, 623.

CLASSIFIED WARDS.

Most of the public asylums nowadays contain both pauper lunatics,—whose cost is defrayed, either wholly or in part, by the public administrations, the State, the departments, the communes, or the almshouses,—and paying patients, the cost for whose maintenance is completely paid by their families. A certain number of these latter pay the same daily rate, or nearly so, as the pauper lunatics ; they undergo an identical treatment as well, and mix with them in the different classified wards. They are now all included under the name of “ Aliénés du régime commun”, while the others are known as “ Aliénés des régimes spéciaux”. It is this latter class only that are comprised in the name “ pensionnaires”, or paying patients.

PROVISION FOR THE "PENSIONNAIRES DES RÉGIMES
SPÉCIAUX".

Although one result of the admission of paying patients into asylums has been the creation of a somewhat important source of income, this was not the sole, nor even the principal, object the superior Administration had in encouraging the establishment of a boarding-house system in the public asylums, but rather because it supplies a want. As a matter of fact, it puts within the reach of the small and average taxpayers, who by their taxes have contributed to the construction of the asylum, a relief of which they may themselves have need, and which they would have to seek at a distance, at a prohibitive cost, were there in the asylum of their department no special accommodation for paying patients. Of the forty-five special public asylums, twenty-two already have pay wards of varying importance, but good organisation; others have been satisfied with arranging certain premises for the accommodation of paying patients; and, lastly, only a very few still refuse to receive them at all. Vast differences exist with regard to the importance of the pay wards between the special public asylums, the almshouse wards, and the private asylums doing duty as public asylums; but these differences are no less clearly defined in this connection between the establishments which belong to each one of these groups. The reasons for this are manifold. Among the departmental asylums with which we have more especially to deal in this respect, some of already ancient foundation have earned a reputation which time has only increased; others, of a more recent creation, built and organised pay wards at an early date, and their success has answered the expectations of those who recommended or assisted in their foundation. We have noticed but few exceptions to this rule, and they are due sometimes to the fact that there already were, in the same district, "*maisons de santé*" of a certain degree of importance, and sometimes to the fact that pay wards had been founded in the asylums of the adjoining departments. However this may be, if a plan has to be made for the construction of an asylum in France, it is absolutely necessary to take the paying patients into consideration. The proportion of "*pensionnaires des régimes spéciaux*" in the departmental asylums represents an average of 15 per cent. of the total population; but as it is usually only after several years of existence that

the asylums begin to receive a certain number of these patients, it is neither necessary, nor even rational, to build huge pay wards at the outset ; it is in every way preferable to build pavilions as the necessity arises, each with a capacity for twenty patients. All that is necessary is, when drawing up the scheme and plan for the whole, to reserve a site which can be appropriated to them. The pay patients, besides, have for their accommodation by night, either separate rooms or dormitories of four or five beds ; consequently, it is less necessary for them than for the lunatics "*du régime commun*", to be classified categorically, as prescribed by article 22 of the Royal Ordinance of the 18th of December 1839. It is indispensable, nevertheless, in pay wards of a certain importance, to construct a little treatment ward for the reception of a few epileptic, violent, insubordinate, or dirty patients, so that placing them, even temporarily, in the wards "*du régime commun*" may be thus avoided. The number of lunatics "*des régimes spéciaux*" whom it may be advantageous to separate in this way from the other paying patients, we estimate at about one-fifth.

Some of the departmental asylums, such as Bailleul, Bordeaux, Maréville, and Quatre-Mares, already possess treatment wards for the paying patients, and it is intended to build them also at Blois and at Rennes ; at the new Saint-Yon Asylum, three separate wards have been provided for paying patients who are dirty or epileptic. The oldest treatment ward for paying patients is undoubtedly the one which was built by Esquirol, in his "*maison de santé*" at Ivry, more than fifty years ago, and which has been taken as a model for most of the wards in the establishment of Charenton.

PROVISION FOR LUNATICS "*DU RÉGIME COMMUN*".

The following is the system adopted in the French asylums :—

1. *Observation Ward.*

Inasmuch as not only in Paris, but everywhere else, the number of lunatics whom it is necessary to keep under observation does not justify the establishment of a special ward, they are placed in the same ward as the patients under treatment ; the observation ward, therefore, in French asylums, is merely a subdivision of the treatment ward. It is in this ward, also, rather than in that of the infirmary, that we recommend the lunatics should be kept who have suicidal ideas, and require incessant supervision. The only

existing ward with the name of "observation ward" is at the asylum of Saint Jacques at Nantes, and this again is really, as everywhere else, nothing more than a treatment ward.

2. *Children's Ward.*

This institution has only been recognised as necessary in a certain number of establishments, and this is especially the case, because as a general rule the departments, as a measure of economy, have, contrary to the opinion of several eminent Frenchmen, limited to a lamentable extent the admission of idiots into asylums. As a matter of fact, these establishments only contain on an average 1.5 per cent. of children under sixteen years of age. Consequently a special ward can only be appropriated to them in the large asylums, and particularly in those which only admit one sex. The institutions which have children's wards are :—for boys, Armentières, Bicêtre, Clermont (Oise), Fains, Maréville, Prémontre, Quatre-Mares, and Saint-Alban; for girls, La Salpêtrière; and for both sexes, Evreux, Mondevergues, and Montpellier.

3. *Chronic Wards for Old People.*

Separate wards for old people exist at Quatre-Mares for men, at St. Venant and Tours for women, and at Evreux and Marseille for both sexes.

4. *Convalescent Ward.*

It is unusual in France to find a special ward appropriated to convalescents; we only know of such at Nantes for women, and at Evreux for both sexes. At Bordeaux and Niort, the convalescents are placed in the general infirmary ward; at Quatre-Mares and La Roche-Gandon, in the pay ward "du régime commun". In all other institutions the convalescents are scattered either over the treatment wards or those of the quiet patients; and it is not regarded as necessary, even in the large asylums, that a special ward should be opened for the convalescents.

5. *Epileptic Wards.*

In a certain number of asylums the epileptics are still mixed in one and the same ward; sometimes with the dirty patients, as at Alençon, Aurillac, Lafond, Le Mans, Mayenne, Montpellier, Rennes, Rodez, Sainte-Gemmes, Saint-Lizier, and Saint-Venant; sometimes,

but much more rarely, with the violent patients. It is an unpleasant system, and, as far as possible, special wards are organised for the insane.

6. *Wards for Dirty Patients.*

In almost all asylums the dirty patients are separated from the others, and placed in a distinct ward ; some institutions, such as Auxerre and Dôle, have appropriated one of the halls in the infirmary ward to the dirty patients suffering from incidental diseases. It is preferable to set apart a special dormitory for them in the ward which is devoted to them.

7. *Violent Ward.*

The violent patients are separated from the rest of the population in all asylums. A certain number of the asylums, viz., Auxerre, Bailleul, Blois, Cadillac, La Charité, Lafond, Leyme, Mondevergues, Moulins, Pau, Prémontré, Sainte-Anne, Vaucluse, and Ville-Evrard, even have two violent wards, one called the cellular ward, for noisy, furious, or dangerous maniacs, whom it is necessary to keep in cells, at any rate by night ; and the other for those violent patients who may be given beds in dormitories.

8. *Infirmaries.*

In every asylum there is an infirmary. Some institutions have extended this department to unduly large proportions, by assembling therein not only all the lunatics suffering from incidental diseases, quiet, violent, and dirty alike, but also the infirm of all classes.

9. *Other Wards.*

Some few asylums have, in addition, divisions known as idiot wards, imbecile wards, paralytic wards, and mad wards ; but, as a matter of fact, the condition of the patients grouped in these wards corresponds only very imperfectly to these vague and ill-defined terms. It does not seem to be at all necessary that other special wards should be established than those we have just passed rapidly in review.

CLASSIFIED WARDS AND THEIR COMPONENT PARTS.

The classified ward is a part of an asylum appropriated to one or more categories of insane, who are compelled to find in it all

the elements for their home, both by day and night. In French asylums this ward includes :—1. An open-air court and a covered gallery. 2. A warming-place, or common room. 3. A dining-hall. 4. Night accommodation, consisting of dormitories, single rooms, or cells. 5. Dressing-rooms or lavatories. 6. Water-closets. As accessories to these it also includes a place for discharging the linen and household articles, and a wash-room or laundry.

1. *The Common Rooms.*

The warming-places and common rooms are always on the ground floor, in direct communication with and on the same level as the court and covered gallery. The dimensions of the common room are calculated in the plans to allow a minimum of 3 square mètres (3.588 square yards) and 10 cubic mètres (353.16 cubic feet) for every patient. In a certain number of institutions the common room serves at the same time as a work-room : but this arrangement is only worth adopting in the case of women, and even then only by way of exception for those whose condition prevents them from being moved to the different work-shops for sewing, washing, and so on.

2. *Dining Halls.*

The dining-hall, situated on the same level as the common room, contains, when the size of the premises allows, tables about 20 to 24 inches broad. These tables, which are fastened upon iron feet secured to the floor (at Blois and Châlons), and are close to forms arranged all round the hall, are sufficient in number to seat the whole population of the ward at the same time, allowing a length of 24 inches to each patient. In some asylums, the common room is also used as a dining-hall ; it never ought to be so, except perhaps in the cellular ward and in the infirmary.

3. *Dormitories.*

These are arranged, according to the special symptoms of each class of lunatics, on the ground floor or in the upper storeys. The height is, generally speaking, from 11½ feet to 14¾ feet, and the breadth from about 23 to 25 feet. With regard to the length of each dormitory, that is decided by the number of beds it is desired to place there, and this in turn varies according to the condition of the patients. In the quiet wards, each dormitory may contain from twelve to sixteen beds, but as far as possible this

latter number should never be exceeded. The practice of barring the windows of the rooms occupied by patients has been abandoned in nearly all the French asylums; they are instead kept half open by means of hooks or little chains, fastened by a key. In some asylums even the little chains are looked upon as useless, at any rate in the quiet wards. In others, notably at Ivry and the new institution of Saint-Yon, balcony windows have been set up, a system introduced from Belgium, and one offering undeniable advantages, especially in those rooms where the patients pass part of the day. Almost universally now the beds in the dormitories of the lunatics "*du régime commun*", and often of the paying patients as well, are made of iron. The fittings consist of a hair mattress or a *paillasse*, a mattress, and a bolster of wool and hair. The hair mattresses are far preferable to the *paillasses*.

4. *Special Arrangements adopted in some of the Classified Wards.*

For the dirty patients a very large number of means for bedding are employed. The official regulation of the 20th of March 1857, recommends beds "lined at the bottom with zinc, and formed of four planes, inclined towards a central orifice opening upon a bed-pan", and having "for bed-fittings, either mattresses of oat-chaff, divided into three sections, or else of wrack-grass or straw". This system has been adopted in most French asylums. In others, iron bedsteads have been substituted for these, fitted inside with wooden panels, and filled at the head and feet with a *paillasse* or mattress, and only having wrack-grass or straw in the middle portion. Some asylums have adopted ordinary iron beds, furnished at the head and feet with *paillasses* or mattresses, and in the middle with a cushion stuffed with oat-chaff, straw, or wrack-grass, and resting on a suspended double bottom made of straps, as at Auxerre, or of thin iron lamellæ plaited together, as at Blois. A large zinc basin placed on the cross-bars of the bed underneath the double bottom is intended to receive the urine. At Quatre-Mares, the iron beds, fitted on all sides with wooden panels sliding in grooves, are furnished with a Tucker mattress, over which two small mattresses are laid at the head and feet, and in the middle a sufficiently thick bed of straw, maize leaves, or wrack-grass. M. Dumesnil, who has extolled this system of bedding, recommends, in addition, that a

third of the length of the mattress should be covered with bituminous paper. Finally, in the last fifteen years, a certain number of institutions have adopted india-rubber tubes, first applied at the asylum of Stephansfeld by M. Dagonet. These tubes are fastened to the ordinary beds, the mattress of which only has to be bored in the centre to give passage to the pipe by which the urine escapes.

5. *Population and Distribution of the Patients in each of the Wards.*

The table (on page 335) gives the number of beds that each of the classified wards usually contains in a mixed asylum for 600 patients. The same distribution is adopted on the women's side, except, perhaps, as far as the proportion of children and epileptics is concerned, which is lower in the case of the women, and of infirm and violent patients, which is, on the contrary, slightly higher. For a normal population of 300 patients, 318 beds are provided, because in principle the infirmary beds, the cells, and isolated rooms are not considered to be constantly occupied, and also because it is good management always to keep a certain number of beds vacant in an asylum. With regard to the superintending staff, it is customary for them now to sleep in rooms reserved at the side of the dormitories; consequently we have not to deduct the beds appropriated for them. We shall return to this point later on.

ADMINISTRATIVE AND MEDICAL STAFF, AND STAFF OF INSPECTION.

The organisation of the administrative and medical service is not the same in the various classes of institutions, and indeed the differences are so marked in some respects that we are compelled to investigate them separately in each class. Since it is in the departmental asylums that this organisation is most complete, we will examine it, to begin with, in this first group of institutions.

Departmental Asylums.

These are under the administration of a responsible director, subject to the authority of the prefect, and subject to inspection by a committee of honorary members (art. 1 of the decree of the 18th of December 1839).

FRANCE.—Table showing the Number of Beds in the Classified Quarters of the Male Division of a Mixed Asylum for 600 Patients.

Classified Quarters.	Classification.	Accommodation by night.	Floor.	No. of Beds.		Accommodation by day.
				Per Room.	Per Quarter.	
1. Quarters for observation, treatment, and perpetual supervision	Treatment and Observation ...	{ Dormitory ... Dormitory ... Dormitory ... Single-bedded room ... 2 wards of 10 beds each ... 2 isolation cells ... Dormitory... .. 2 Dormitories of 8 beds each ... Dormitory 2 Cells	1st 1st 1st 1st 1st 1st Ground Ground Ground Ground	10 10 4 4 20 2 6 6 6 2	28	{ Yard Common room Dining room Covered gallery Yard Covered gallery Common room and dining room Yard with covered gallery, common room, dining room Yard with covered gallery, common room, and dining room 2 isolation courts, yard with covered gallery, common room, and dining room Yard with covered gallery, common room, and dining room
2. Quarters for the Infirmary children and old men	Infirmary ...	{ 2 Dormitories of 8 beds each ... Dormitory 2 Cells	Ground 1st Ground	16 6 8	24	{ Yard Common room Dining room Covered gallery Common room and dining room Yard with covered gallery, common room, and dining room 2 isolation courts, yard with covered gallery, common room, and dining room Yard with covered gallery, common room, and dining room
3. Quarters for the epileptic	Epileptics ...	{ 2 Dormitories of 8 beds each ... Dormitory 2 Cells	Ground 1st Ground	16 6 8	24	{ Yard Common room Dining room Covered gallery Common room and dining room Yard with covered gallery, common room, and dining room 2 isolation courts, yard with covered gallery, common room, and dining room Yard with covered gallery, common room, and dining room
4. Quarters for the offensive	Offensive ...	{ 2 Dormitories of 8 beds each ... Dormitory 2 Cells	Ground 1st Ground	16 6 8	24	{ Yard Common room Dining room Covered gallery Common room and dining room Yard with covered gallery, common room, and dining room 2 isolation courts, yard with covered gallery, common room, and dining room Yard with covered gallery, common room, and dining room
5. Quarters for the excited	Excited ...	{ 2 Dormitories of 8 beds each ... Dormitory 2 Cells	Ground 1st Ground	16 6 8	24	{ Yard Common room Dining room Covered gallery Common room and dining room Yard with covered gallery, common room, and dining room 2 isolation courts, yard with covered gallery, common room, and dining room Yard with covered gallery, common room, and dining room
6. Quarters for the semi-tranquil	Semi-tranquil ...	{ 2 Dormitories of 16 beds each ... Dormitory 2 Cells	1st 2nd Ground	32 32 2	64	{ Yard Common room Dining room Covered gallery Common room and dining room Yard with covered gallery, common room, and dining room 2 isolation courts, yard with covered gallery, common room, and dining room Yard with covered gallery, common room, and dining room
7. Quarters for the infirm, convalescents, and "pensionnaires du régime commun".	Weak and able-bodied old men ... Convalescents ... "Pensionnaires du régime commun," unclsd.	{ Dormitory Dormitory 4 rooms 2 Dormitories of 10 beds each ... 4 single-bedded rooms ... Dormitory Dormitory Dormitory Dormitory	1st 1st 1st 2nd 2nd 1st 1st 2nd 2nd	14 10 4 20 4 16 16 16 16	52	{ Yard Common room Dining room Covered gallery Common room and dining room Yard with covered gallery, common room, and dining room 2 isolation courts, yard with covered gallery, common room, and dining room Yard with covered gallery, common room, and dining room
8. Quarters for the quiet working parties ...	Farm labourers ...	{ Dormitory Dormitory Dormitory Dormitory	1st 1st 2nd 2nd	16 16 16 16	64	{ Yard Common room Dining room Covered gallery Common room and dining room Yard with covered gallery, common room, and dining room 2 isolation courts, yard with covered gallery, common room, and dining room Yard with covered gallery, common room, and dining room
Total ...				318	318	318

Committees of Inspection.

These are composed of five members nominated by the prefects, one member retiring each year (art. 2 of the same ordinance). The decree of the 23rd of March 1852, interpreted more particularly by the circular letter of the 25th of May 1859, while it suppressed the right of presentation, which belonged to these committees, vested the direct nomination thereto in the prefects ; but, as a matter of fact, most prefects, before appointing a fresh member or renewing an expired warrant, consult, at least officially, the president of the committee and the director of the asylum, whose opinion is almost always taken into very serious consideration. Members, whose warrant has expired, may be retained in office for a fresh period of five years, but the circular letter of the 25th of May 1859 reminds the prefects that this extension of the warrant is purely optional, and that real renewing of the committee is to remain the rule. In the Seine there is only one identical committee for the three departmental asylums, and the same applies to the Seine Inférieure. As a general rule, the members of the committee of visitors are selected from those persons who, from their special knowledge or business experience, are capable of affording most assistance to the directors by their advice, and of fulfilling competently and with adequate authority the duties entrusted to them, especially that of administering the estates of the insane. We think it equally necessary that one, at least, of the five members of the committee should belong to the general council and be able to defend there, if need should arise, the interests of the establishment. The committees of visitors are obliged to meet every month, and these compulsory monthly meetings must be held inside the asylums. These formal regulations of the 20th of March 1859 are too often ignored. However much confidence the committee of visitors may feel in the administration of a director, it is no less essential, in the interests of the service and of the officer in question, that they should meet at the asylum itself. Besides, it is only there that the committee of visitors can find the documents which alone can enable them properly to perform the mission entrusted to them—documents which never ought to leave the establishment.

The director and the chief medical officer must be present at the sessions of the committee in a consultative capacity. This rule, laid down in art. 5 of the ordinance of the 18th of December 1839,

is carried out in all departmental asylums. In some, especially at Blois and Rouen, upon the request of the chief medical officer, and with the permission of the committee of visitors, the assistant medical officer is also present at the sessions of the committee. This officer can only be the gainer by the concession of this privilege, and we fail to see any serious objection to his presence at the sessions.

Among the duties assigned to the committees of visitors by the law of 1838, there is one to which the attention of the prefects has had to be called on several occasions, and which is of the highest importance, namely, the provisional administration of the estates of lunatics not legally declared incapable of managing their own affairs. This office is very seldom discharged as it should be, more especially, we believe, because the committees of visitors have never received sufficiently precise instructions upon this point. In most departments the provisional administrator of the estates of lunatics only interferes when called upon to do so by the prefect, the Public Ministry, or the solicitors. This is not sufficient. As a general rule, in fact, the prefect only demands the interference of the provisional administrator, when the lunatic confined is possessed of means sufficient to make it seem legitimate to charge him with a portion of the payment of his cost of maintenance. The solicitors on their part, only apply to him in cases where their interference is absolutely necessary for the judicial settlement of questions affecting the lunatics confined. But there are many other circumstances in which it would be well for the provisional administrator to interfere, and on his own initiative. When an unmarried working-man afflicted with insanity is placed in an asylum, he almost always leaves some furniture behind him, or at least, some workman's tools, linen, and clothes, the sale of which would realize hardly anything, and of which, in consequence, no heed is usually taken. But if at the end of a few months this working-man is discharged from the asylum completely cured, he finds neither tools nor clothes; everything has disappeared. This in itself is enough to bring about a relapse. The same remark applies to agriculturists, whether land-owners or merely lessees of portions of ground of small value.

In some asylums, particularly at Bordeaux, Rouen, and Dijon, the duties of the provisional administrator have been understood as they ought to be everywhere. The member of the committee to whom it is entrusted does not wait to act until application has been made to him. On his own responsibility, as soon as he is advised

of the admission of a lunatic into the asylum, he institutes an enquiry, applying more especially under cover of the public prosecutor, to the justice of the peace or the mayor, and, if need be, immediately takes the necessary steps to protect his client's interests. It would be well if this mode of procedure were followed in all the departments, for the paying patients as well as for the paupers. In Paris this duty is performed far better nowadays, than a few years ago ; but it still leaves much to be desired upon more than one point, especially with regard to the appropriation, for the benefit of the lunatics, of the very considerable sums of money which sometimes form their property. Is it not unreasonable, for instance, that a lunatic possessed of an income of £80 or £120 a year, should be maintained in the category of pauper lunatics, and treated as such ?

Directors and Medical Directors.

The directors are appointed by the Minister of the Interior. Art. 14 of the ordinance of the 18th of December 1839, gives him the right of authorizing, or even officially commanding, the amalgamation of the duties of director and medical officer. As a matter of fact, they are so amalgamated nowadays in most of the asylums, only a few remaining in which they are still separated.

Secretaries to the Direction.

In most asylums the director is assisted by a secretary to the direction. It is, we believe, by increasing the salary of these officials, and by being able, in consequence, to make a good selection more frequently, that they will develop into valuable allies of the directors, and men to whom the directors will no longer hesitate to delegate certain powers of detail, which at present take up the best part of their time and energy, without much benefit to the asylum.

Chief Medical Officer.

The chief medical officers in asylums are charged, under their responsibility, with all the obligations imposed upon the medical officers of lunatic asylums by the law of 1838. Before the promulgation of the decree of the 25th of March 1852, and in conformity with the precepts of art. 3 of the ordinance of the 18th of December

1839, the doctors in the special public asylums were appointed by the Minister of the Interior, directly for the first occasion, and, for subsequent vacancies, from a list of three candidates presented by the prefects. Doctors who had had three years' experience in other lunatic asylums were eligible for the vacant posts at the same time as the three candidates presented by the prefects. In both cases the general inspectors were always consulted.

The numbers and salaries of the directors, medical directors, chief medical officers, and medical assistants, are shown in the following table :—

Table showing the Salaries of the Director and Medical Staff in French Lunatic Asylums.

Nature of Duties.	Classes.	Decree of 21st March 1833.		Decree of 23rd April 1849.		Decree of 6th June 1863.		Decree of 4th Feby. 1875.	
		No.	Salary.	No.	Salary.	No.	Salary.	No.	Salary.
Directors and Medical Directors	Extraordinary	...	...	...	...	...	...	5	£320
	1st...	6	£240	...	...	6	£280	8	£280
	2nd	8	£200	...	...	10	£240	10	£240
	3rd	10	£160	...	...	12	£200	12	£200
	4th	nt.fxd.	£120	...	...	12	£160	12	£160
Chief Medical Officers	5th	...	...	...	...	nt.fxd.	£120	nt.fxd.	£120
	Extraordinary	...	...	...	...	...	...	4	£320
	1st...	2	£240	...	...	2	£280	4	£280
	2nd	3	£200	...	...	3	£240	4	£240
	3rd	4	£160	...	...	4	£200	6	£200
Assistant Medical Officers	4th	nt.fxd.	£120	...	...	6	£160	6	£160
	5th	...	...	...	...	nt.fxd.	£120	nt.fxd.	£120
	Extraordinary	...	...	...	...	...	...	2	£160
	1st...	4	£100	4	...	4	£104	4	£120
	2nd	2	£80	6	...	6	£84	6	£100
	3rd	2	£72	nt.fxd.	...	nt.fxd.	£72	nt.fxd.	£80

The directors and medical directors have a comfortable lodging in the asylum, and are provided with coal, light, etc.

Surgeon.

There are only a few departmental asylums which have a surgeon specially, but not exclusively, attached to the institution. These are the three asylums of the Seine (Sainte-Anne, Vaucluse, and Ville-Evrard), in which the surgical service is entrusted to one and the same practitioner, who receives £32 for each establishment ; the two asylums of the Seine Inférieure, of which the surgeon has a salary of £40 ; and, lastly, the asylum of Bordeaux, where the salary is only £16.

Apothecary.

The only departmental asylums which have an apothecary specially attached to the establishment are those of the Seine—Sainte-Anne, where the salary is £160, Vaucluse, where it is £140, and Ville Evrard, where it is also £140; of the Seine Inférieure, £100 and board, Marseilles, £48 and board, and Auxerre, £40. In the other establishments, the dispensary service is entrusted to one of the sisters, subject to the authority and superintendence of the doctors and clinical clerks. For difficult preparations, and for analyses, recourse is had to a local apothecary.

Resident Pupils.

The resident pupils assist the chief medical officer and the medical assistant. There are resident pupils in medicine nowadays in nearly all the special public asylums of France. The only institutions which had none in 1874 were: Bourges, of which the population scarcely reaches 250 patients, and where there is a medical deputy who is often present at the visits of the chief medical officer; Quimper and Armentières, where they had assistant medical officers; and Saint-Venant—which leaves much to be desired in this respect as in every other. There ought to be resident pupils in these four institutions, particularly in the last, which has 475 patients, and of which the doctor—the only one among all departmental asylum doctors—does not reside in the institution. Fourteen of the special public asylums of France have two resident pupils, and at Maréville there are actually four. In the asylums of the Seine there are, besides, one or two students in chemistry.

The resident pupils are appointed by the prefects, upon the presentation of the director and the chief medical officer. They must be twenty-one years of age at least, and have kept at least ten terms (art. 54 of the regulation of the 20th of March 1857). These conditions do not appear sufficient. In fact, the resident pupils, though not graduated, hold the same posts as the house-physicians in England. French experts are of opinion that the candidates should be required to be at least twenty-two years of age, to have kept ten terms for their doctor's degree, and to have passed their last annual examination.

Cashiers and Bursars.

In lunatic asylums, as in all other charitable institutions, the accounts both in money and in kind are subject to the same regulations as the Communal accounts, except, however, in some particular points which have been made the object of special orders in the circular letters and instructions on this subject. The cashiers and bursars are appointed by the prefects from a presentation list drawn up jointly by the director and committee of visitors (circular of the 5th of December 1843, and art. 5 of the decree of the 25th of March 1852). A decree dated the 14th of July 1856, altered into a fixed salary the proportionate allowances which were formerly made to the cashiers, and the amount of which in some cases considerably exceeded the rates of payment to the bursars, although the duties performed by these latter are far more important than those of the cashiers, and require a much wider knowledge. The salary of the bursars, all other things being equal, ought to be higher than that of the cashiers, but unfortunately this is hardly ever the case, as may be gathered by a glance at the table in which we have grouped all the information relating to the numbers and salaries of the resident pupils, cashiers, bursars, and chaplains in the departmental asylums. Every institution has its own cashier, the only exceptions to this rule being the two asylums of the Seine-Inférieure, which had the same cashier for both, and those of the Seine, which, in 1874, still had but two bursars. In twenty-two of the special public asylums of France, that is to say, in about half, the duties of cashier and bursar are entrusted to one accountant, whose salary may consequently be increased. Up to the present time, moreover, we have not noticed that any serious inconveniences have resulted from the double point of view of the performance of the service and of the superintendence which it is proper to keep over the two systems of accounts in money and in kind.

Chaplains.

In almost all the departmental asylums at the present time, the religious service is entrusted to a special chaplain, appointed by the Bishop, from a presentation list of three candidates drawn up by the prefect.

Table showing the Numbers and Salaries of the Resident Pupils, Cashiers, Bursars, and Chaplains in the Departmental Asylums of France.

Asylums.	Resident Pupils.		Cashier Bursars.	Cashiers.	Bursars.	Chaplains.
	No.	Salary.	Salary.	Salary.	Salary.	Salary.
Prémontreé ...	2	£ 32 & 40	£ 100	£ ...	£ ...	£ 40
Ste. Catherine-d'Yzeure ...	1	32	...	96	64	48
St. Lizier ...	1	32	48	...	...	24 ¹
Rodez ...	1	32	96	...	...	24 ²
Aix ...	2	20	120	...	...	40
Marseilles ...	2	32	...	140	120	64
Brenty ...	1	24	96	...	...	24 ²
Lafond ...	1	32	120	...	...	60
Bourges ...	...	...	...	96	96	48
Dijon ...	1	24	120	...	...	72
Evreux ...	1	32	120	...	...	60
Bonneval ...	1	40	100	...	...	40
Quimper ...	...	...	148	...	...	16 ²
Toulouse ...	2	20	...	120	120	60
Auch ...	1	24	100	...	...	72 ³
Bordeaux ...	2	24	...	120	96	72
Cadillac ...	1	24	...	120	88	60
Saint-Méen ...	2	24 & 32	120	...	...	60
Saint-Robert ...	1	32	...	96	88	60
Dôle ...	1	32	100	...	...	32 ⁴
Blois ...	1	36	...	120	112	52
Saint-Alban ...	1	24	96	...	...	40
Sainte-Gemmes ...	2	24	140	...	...	60
Châlons ...	1	28	...	112	80	64
Saint-Dizier ...	1	28	...	92	92	60
La Roche-Gandon ...	1	32	140	...	...	48
Fains ...	1	32	...	104	96	72
Maréville ...	4	24	...	180	140	72
La Charité ...	1	32	...	56	60	24 ¹
Armentières ...	...	...	160	...	...	64
Bailleul ...	1	24	...	120	96	60
Alençon ...	1	32	...	80	72	48
Saint-Venant ...	...	...	...	80	80	72
Pau ...	1	24	120	...	...	64
Le Mans ...	2	32	...	96	96	72
Bassens ...	2	32 to 36	112	...	...	68
Sainte-Anne ...	2 ⁵	32	...	...	120	128
Quatre-Mares ...	2	24	...	{ 240 ⁶ }	100 ²	60 ²
Saint-Yon ...	2	24	...		100 ²	60
Vaucluse ...	2 ⁷	28	...	...	136	80
Ville-Evrard ...	2 ⁷	28	...	...	152	104
Mondevergues ...	1	24	192	...	...	72 ⁸
La Roche-sur-Yon ...	1	32	72	...	...	56
Naugeat ...	1	16 to 24	120	...	...	48
Auxerre ...	1	32	...	120	80	40

¹ Parish cure.² With board.³ Non-resident.⁴ Vicar of the parish.⁵ And two in pharmacy.⁶ For the two asylums.⁷ Plus one in pharmacy.⁸ And one pastor at £32.

Hospital Sisters.

In only one of the four asylums for men, namely, at Cadillac, is the subordinate management of the economic services entrusted to hospital sisters. These sisters are in charge of this subordinate direction and also of the internal service of the women's wards in all the other departmental asylums except Sainte-Catherine-d'Yzeure and Auxerre, where the staff is wholly lay. We should add, moreover, that it is not a matter of indifference whether one sisterhood or another be selected. The sisters of some orders refuse to sleep near the dormitories, although such an arrangement is absolutely necessary in French asylums. Other sisterhoods again do not possess a sufficient staff. In most asylums, moreover, the sisters are only entrusted with the superintendence of the wards, and of the various economic services, such as the laundry, linen-room, wardrobe, kitchen, dispensary, and so on. It is upon the female warders, and upon the lay domestics under their orders, that the manual labour devolves, and they are charged with the duty of keeping tidy the day-rooms and dormitories, and personally attending the patients. In a certain number of asylums however, there are neither female warders nor lay domestics to help the sisters, their place being taken by converts. Both systems have their drawbacks and advantages, according to the relative efficiency of the sisterhoods. Very much depends upon the intelligence and tact of the ladies superintendent who perform the duties of chief superintendent in the women's ward.

Inspection of the Lunacy Service.

The following are the duties of the medical inspectors of asylums, who are appointed by the Minister of the Interior. At the Minister's command they inspect all the lunatic asylums, public and private, and also, although only from a sanitary point of view, the various penitentiary institutions (art. 6 of the decree of the 15th of January 1852), presenting a special report upon each one. They have further to examine the specifications and plans of asylums which are to be erected or modified. Lastly, they are required to deliver their opinion on questions bearing upon the hygienic condition of the lunatics confined, and upon the removal of the patients in the event of illness.

In the interval between their circuits they resolve into a committee for the investigation of questions laid before them by the Minister, and for the purpose of being present at the sessions of the committee of the general inspectors of prisons whenever they are dealing with matters relating to the sanitary condition or to the hygiene of the penitentiary institutions (art. 11 of the decree of the 15th of January 1852).

METHODS OF RESTRAINT EMPLOYED IN FRENCH LUNATIC ASYLUMS.

Mechanical restraint is we hope becoming almost, would it were quite, a thing of the past in French asylums, recourse being more and more had to measures intended merely to protect the violent patient against himself. The following are the principal means employed :—

Isolation in Cells.

Solitary confinement in cells during the day-time is practised, more especially in districts where they claim never to have recourse to the strait-waistcoat. Some French specialists, however, are of opinion that it is better to allow a violent lunatic to walk about in a yard, wearing a strait-waistcoat or cuffs, than to shut him up in a cell, even if it is padded. In France, isolation in cells during the day-time is employed but seldom. Of all the 40,000 lunatics confined in the French asylums there are not, perhaps, at a given moment, more than 100 or 150 so restrained.

Douches.

The douche was for a very long time the means of repression most frequently employed. At the present time, however, it is unknown in most asylums. The operation, which consists in forcibly throwing a jet of water upon the head of a lunatic who is kept down in a bath by a lid, is now justly held to be unreasonable and dangerous, and so is universally condemned.

Strait-waistcoats and Shackles.

The strait-waistcoat is the means of repression and restraint which is most frequently employed in France, although much less so now than twenty years ago. In some asylums, especially at Mondevergues, Vacluse, Leyme, Montauban, and Montpellier,

strait-waistcoats may be said to be obsolete ; and in others, such as Sainte-Madeleine, Rodez, Toulouse, Cadillac, Tours, La Charité, and Quatre Mares, it is used very infrequently. But the system of "no restraint", which is so highly thought of in England, is considered not to be applicable in all asylums, nor to all patients, without distinction. It is very difficult, for instance, not to have recourse to mechanical restraint, temporarily at any rate, in the case of some epileptics and very dangerous dipsomaniacs, over whom nothing can get the mastery. In the women's wards the use of the strait-waistcoat is sometimes part of the routine ; thus it frequently happens, in mixed asylums, that not a single strait-waistcoat will be found in the men's wards, while on the women's side eight or nine may be counted.

Restraint Chairs.

Restraint-chairs are hardly ever met with now, except in a few private asylums ; but far too many chairs with drilled seats still remain, upon which are fastened, often for an entire day, not the dangerous violent patients, but those who are weak or dirty. By some, these chairs are considered necessary in a few exceptional cases, in the infirmary and dirty wards ; but they are abused in certain institutions in a manner against which we cannot too strongly protest. We may quote, as examples of this, Saint-Brieux, Saint-Venant, Privas, and Clermont-Ferrand.

EMPLOYMENT OF PATIENTS IN FRENCH ASYLUMS.

Agricultural Labour.

Whilst speaking of the arable grounds necessary for an asylum, we have already said a few words with regard to labour, and especially field labour, considered as a means of treatment. Nothing is more beneficial to the health of the insane. We have constantly advocated such employment of all the able-bodied men, whether their labour is productive or not. In this connection we cannot too earnestly condemn the ways of certain private institutions, where the patients' labour may be said to be considered only as a means of increasing the incomes of the asylums. Labour has been organised in asylums, if not solely, at any rate chiefly, as a means of treatment and distraction for the patients—a fact which asylum superintendents never ought to forget.

Labour in Workshops.

In asylums, and in the men's wards, a certain number of patients may be usefully employed in other work than that of cultivation and gardening, especially as masons, plasterers, painters, blacksmiths, carpenters, tailors, shoemakers, and so on; while others are engaged in keeping in repair the buildings, courts, and yards, and in helping the keepers. In selecting the occupation to be given to the patients the doctor must pay attention to their inclinations, tastes, temperament, and quiet or excited condition; but he should never forget that he ought to be the sole judge in this question, which is not always the case in asylums where the duties of superintendent and chief medical officer are divided. In several institutions a certain number of women are also employed in labour in the fields and in gardening, but not many as yet. Some work in the laundry, at cleaning vegetables, or about the house, but the majority of them are confined to the sewing and ironing rooms. The women, in this connection, are not so well provided for as the men.

The Savings of Lunatics, and Payment for Labour.

A ministerial decision, dated the 6th of April 1844, and the subsequent regulation of the 20th of March 1857, very properly laid it down as a principle that some slight remuneration should be granted to the industrious insane. From the very fact of labour being regarded as a therapeutic agent, it was necessary to encourage the patients to devote themselves to it with a certain amount of diligence. All effort is worthy of payment. The insane, or most of them at any rate, are quite awake to this fact, and hold fast to the idea that their labour ought to be remunerated. Thus, article 6 of the regulation of 1857 seems to go too far when it says, that no sum accruing from the remuneration for his labour ought to be invested for the benefit of an insane labourer until the amount of this remuneration is equal to the sum total of his *peculium* upon discharge. It is necessary that the asylum doctors, but only the asylum doctors, should be free after the first month to give the insane labourers some portion of the sum total of their *peculium*. It is in virtue of this same principle that we should advise the doctors, when the total of the eventual *peculium* upon discharge is reached, to employ the surplus for the profit of the

lunatic, when he is in a condition to appreciate this privilege, either by purchasing Sunday clothes for him, as is done at some of the French departmental asylums, and particularly at Blois, Quatre Mares, Saint Méen, Saint Dizier, etc. ; or by allowing him to buy for himself inconsiderable fancy articles which appeal to his taste or even his whims ; or lastly, and more especially when the patient evinces any desire to do so, by remitting to his family, part, or the whole, of the sum in excess of the *peculium* upon discharge. All these privileges, when properly bestowed upon curable patients, become in the doctor's hands a moral therapeutic agent of a certain value, and to the other patients they are a satisfaction, which to a certain degree it is equitable to grant them.

The regulation working day is ten hours, and it is paid for almost everywhere in France at the rate of ten centimes for a full day, or more exactly, one centime per hour. This does not imply that all the patients must work ten hours a day in order to win the remuneration of ten centimes, but rather that those lunatics who do any productive work, such as the masons, carpenters, locksmiths, tailors, shoemakers, etc., will be able to receive ten centimes a day when they work the whole day, whatever be the number of hours of work ; and that those, on the other hand, who are present, so to speak, at the work, without taking any part in it, or who only do some quite insignificant work, will only receive from one to five centimes by way of encouragement. This is the interpretation which we would put upon the instruction of the 20th of March 1857, and we think it would be well to make it the text of a new circular letter, in order that there may no longer be any differences of opinion on the subject.

In most of the better asylums of France, certain lunatics who do any highly productive work receive a supplementary allowance. With regard to the *peculium* upon discharge, its object is to provide a lunatic, who is discharged cured, with the means of reaching home and of providing for his immediate wants while in search of work. We shall return to this point when speaking of the patronage societies.

PHYSICAL AND RELIGIOUS EXERCISES.—AMUSEMENT OF PATIENTS IN ASYLUMS.

Gymnasia.

Some asylums, among which we may mention La Salpêtrière, Bicêtre, and Bassens, have organised gymnasia. For the immense

majority of lunatics, work in the open air for the men, and in the laundry for the women, is preferable to gymnastic exercises. Nevertheless, for some young girls, especially those of the well-to-do classes, and for idiots of every description, gymnastic exercises may do undeniable good.

Walks Abroad.

In almost all asylums nowadays, during the fine weather, the quiet patients take long walks outside the institution. These walks are at once an excellent hygienic exercise for the patients, a distraction very keenly desired by most of them, an easy way of rewarding the better conducted among them and of stimulating the efforts of the rest. These walks outside the asylums are not, however, always possible, particularly in the large towns; sometimes even they are absolutely forbidden by the municipal authorities, as is the case at Marseilles. This provides an additional reason for placing the asylums away from the large centres of population and from the neighbourhood of the towns. We do not believe, moreover, that these walks have ever caused any inconvenience to the people. No complaint, at any rate, has come to our knowledge.

Religious Exercises.

At the present time there are chapels in all the public and private asylums, not only in order that the patients who are in a condition to do so may be able to perform their religious devotions, but because experience has proved that religious exercises, especially when accompanied by music and singing, have a beneficial effect upon a certain proportion of lunatics. In most asylums, also, the chapel is provided with a harmonium at least. The religious instruction given by the chaplains may also produce an excellent effect upon some patients, but it depends upon the chaplain instilling into himself the doctor's views on this point, and upon the instruction being given with tact and propriety. In these matters too, as in all others which concern the relations of the chaplains to the patients, the doctor ought never to forego his right of direction, or at least of control. Articles 3 and 112 of the official regulation of the 20th of March 1857 are very explicit on this point.

Music.

The influence of music upon the insane has perhaps been slightly over-rated ; as a matter of fact, a certain number are almost insensible to it, and with others it becomes an exciting cause. Upon the majority, however, music does have a favourable effect. It is consequently a means not to be neglected, and we may say that it is not ignored in any institution. Several of the departmental asylums of France, notably Dijon, Evreux, Blois, Saint-Dizier, Bassens, and Quatre-Mares, have organised brass bands and singing classes, while others only have the latter, as at Quimper, Maréville, Mondevergues, Auxerre, and Ville-Evrard.

Dramatic Performances.

Dramatic performances have not hitherto spread to any extent in French asylums, and in the opinion of some French authorities this is just as well. The experiments which have been made, either upon a few isolated cases taken to the theatre, or upon a body of patients before whom pieces have been played of a more or less emotional nature, have had anything but an encouraging effect. On the other hand, they regard, as useful distractions for quiet patients, concerts made up of very simple items which are easily understood, conjuring performances, and, especially on the women's side, dancing. The dramatic performances are principally used, as a therapeutic measure, in the asylums of the department of Seine.

Reading, Libraries, and various Games.

Among the various methods of distracting and amusing the insane, we must not forget the elementary schools which are already organised in some asylums, as, for instance, Evreux, Maréville, Clermont (Oise), Quatre-Mares, Mondevergues, Ville-Evrard, Vaucluse, Sainte-Anne, Bicêtre and La Salpêtrière, the custom of reading aloud, especially in the long winter evenings, and the libraries with which nearly all French asylums will soon be provided. In others, arrangements have been made for billiards, games at bowls, and so on.

Such are, or ought to be, the conditions on the one hand which this special centre called an asylum, or "Maison de Santé", ought to

offer to answer its purpose, and the means of action on the other which the lunacy physician ought to have at his disposal, properly to fulfil the mission entrusted to him. But beyond these means which are applicable to the lunatics taken altogether, there are others of a special nature, which are employed in particular cases—under circumstances governed by the condition of the patient at the date of treatment. Of these means we have yet to speak.

DISCHARGE OF LUNATICS.—WORKS OF PATRONAGE TO HELP THEM ON THEIR DISCHARGE.

We think it right, in connection with the question of emoluments, to say a few words on a point about which inquiry is often made. When a lunatic, who has been placed by his family in an asylum, appears to be on the verge of complete recovery, it is well in certain cases to restore him provisionally to the charge of his relatives, and this provisional discharge may be prolonged from one to several weeks. What is the duty of the director and doctor of the asylum under such circumstances? Should the discharge be notified to the prefect and entered upon the legal register, as prescribed by articles 12 and 15 of the law of 1838? Or, may the superintendent, on the other hand, regard this discharge as merely provisional, and postpone complying with the legally prescribed formalities until he considers the discharge to be final?

In the first case, even if the patient remained away from the asylum for only twenty-four hours, it would be necessary to go through the same formalities, and put in the same documents, as at the time of the first admission, not only for the payment for his board and lodging, but also to conform with the legal prescriptions; and this sometimes presents very serious difficulties. Again, a patient whose discharge has been notified to the prefect will consider himself perfectly free, and it is well in some cases for a convalescent lunatic, although no longer in an asylum, to realise that he has only been restored to his relatives experimentally, and that he may be returned to the asylum without the preliminary observance of any formalities.

It would appear reasonable, therefore, that asylum doctors should be empowered generally to liberate experimentally those patients in whose case they should consider such provisional discharge to be advantageous. Notice would be given to the prefect, and mention made upon the legal register, but the patients to whom

they were granted could be brought back to the asylum without its being necessary a second time to put in the documents the production of which is prescribed by art. 8 of the law of 1838. These provisional discharges would not in any case be prolonged over a month.

What we have just said with regard to lunatics admitted at the request of their families, applies equally to all those who are officially confined, whom the doctor should be able to liberate provisionally, for a month at most, without its being necessary, in order to bring back the patient to the asylum, to obtain a fresh order from the prefect. A certain number of medical superintendents and chief medical officers have been officially empowered by the prefect to act in the manner we have just detailed, but in these cases it is only on sufferance. We should like this measure to become general, and to receive legal recognition.

PATRONAGE SOCIETIES.

One of the anxieties of asylum doctors, and one of the reasons why they often hesitate to liberate certain lunatics, is the fear that outside the asylum the patients will find themselves helpless and unprotected. People mistrust individuals who have been discharged from lunatic asylums, and are afraid to trust them with tools, and only too frequently the privations and mortifications they suffer bring about a relapse.

In a paper read before the scientific congress at Strasbourg in 1842, David Richard, then director of the asylum of Stephansfeld, and one of the men who have brought most credit upon the service of the insane, induced the members of the congress to urge the Government to found patronage societies for pauper lunatics discharged from asylums, on the model of those founded for released prisoners. This appeal was heard, and since 1843 M. Baillarger, and shortly afterwards M. Falret, founded in Paris two patronage societies, soon amalgamated into one, for the pauper lunatics discharged as convalescent from La Salpêtrière and Bicêtre, and also an industrial school for women discharged from La Salpêtrière. This work, which was recognised as one of public utility by a decree dated the 16th of March 1849, has gone on increasing since then, and is doing unquestionable good. Up to the present time the department of Meurthe is the only one which has followed in the footsteps of the Seine. A patronage society was founded there

in 1848, not only for lunatics, but also for orphans, foundlings, deaf mutes, and the blind, and this society has repeatedly come to the aid of patients discharged cured from the asylum of Maréville.

We are quite aware that since 1857 cured lunatics must receive a *peculium* upon discharge (arts. 157 to 159 of the regulation of the 20th of March), which enables them to provide for their immediate wants; but this *peculium*, the total of which varies from eight to ten shillings, is very seldom sufficient, and, moreover, in some asylums it is only paid to the patients who have done some work. Consequently, we would recommend that the formation of patronage societies should become more general, and that the superior administration should encourage and even, if need be, instigate their foundation.

INCOME AND EXPENDITURE OF FRENCH SPECIAL ASYLUMS.

We shall only deal in this section with the departmental asylums, as they are practically the only institutions about the accounts of which sufficiently precise information can be obtained on which to base a comparison between them.

All the departmental asylums keep a distinct budget of income and expenditure, and when, at the end of the financial year, a comparison of the two shows a surplus or a deficit, this surplus or deficit goes to increase or diminish porportionately the over-plus of preceding years. We are aware that on several occasions two or three departments, declining to recognise this relative independence in the budgets of their asylums, have banked their surplus or covered their deficit. But these are isolated experiments, the grave objections to which have been speedily recognised. As a matter of fact, there is no surer way of discouraging the directors and of paralysing their efforts.

We will proceed to examine in succession the different items of receipts and expenses of lunatic asylums.

Receipts.

The following are the items of receipt :—

- (1) Government stock.
- (2) Interest on funds invested in the treasury.
- (3) Lunatics charged to the department.
- (4) Lunatics charged to other departments.

- (5) Lunatics charged to the State, prisoners and convicts, military and naval.
- (6) Lunatics charged to their families.
- (7) Servants charged to families.
- (8) Re-imbursement by families for expenses in excess of the rate of maintenance.
- (9) Produce of the sale of bones and refuse.
- (10) Sale of produce in excess of the requirements of the asylum.
- (11) Incidental receipts.
- (12) Re-imbursement of expenses of removal advanced by the asylum.
- (13) Receipts for excess collected.
- (14) Revenues in kind, part being reserved for the requirements of the asylum.
- (15) Produce of the patients' labour, part being reserved for consumption in the asylum.

We will briefly examine each of these items of receipt.

Government Stock and Interest on Investments.

Lunatic asylums, differing in this respect from hospitals and almshouses, seldom receive legacies or donations. When they possess Government stock, and capital invested in the treasury, it may almost positively be declared to be the result of several years' accumulated savings. Besides, this capital only amounts to an important sum when it is intended either for the removal of the asylum as long since agreed upon, as at Saint-Venant, or for the rebuilding of part of the asylum, or the purchase of grounds, as at Maréville. As soon, indeed, as the surplus receipts of a departmental asylum are more than sufficient for the ordinary and extraordinary expenses which are admitted to be necessary, the department indirectly collects them by diminishing the daily rate it pays for the insane.

Departmental Lunatics.

The sum total of the daily rates paid by the departments for the lunatics whose maintenance devolves wholly or in part on them, constitutes as a matter of fact the most important, or at any rate one of the principal, resources of the public asylums.

In almshouse wards and private asylums which do duty as

public asylums, the daily rate is fixed by the prefect acting in the name of the department, together with the superintendents or directors of the asylums. This is also the case when the department places all or some of its insane in an asylum situated outside its boundaries. It ought likewise to be so when it is a question of a public asylum with an independent existence. The general council of the department which places its patients therein, ought not to be able itself, and for itself alone, to fix the daily rate it must pay for its insane. This rate ought to be settled in concert by the prefect of the department, and the director of the asylum acting as the deputy of the Minister of the Interior, who alone has the power of regulating the budgets of this class.

However this may be, to settle the daily rate the net cost of the preceding years is taken as a basis, but, as we have said above, the financial position of the asylum is also taken into account. Unfortunately, the financial position and the needs of the asylums are not always appreciated as they ought to be, and too often their prosperity, and consequently the well-being of the patients, is compromised by a resolution which has fixed the daily rate for pauper lunatics at too low a figure. The daily rate paid by the departments in their asylums, which in 1864 averaged 9.9*d.*, averaged 11.6*d.* in 1874; but if we omit from the calculation the three asylums of the Seine, founded since 1864, viz., Sainte-Anne, Vacluse, and Ville-Evrard, where the daily rate varied in 1874 between 1*s.* 5.47*d.*, and 2*s.* 2.59*d.*, the mean daily rate for the same year is only 10.12*d.*, and the difference between that and the rate for 1864 is consequently very slight. The average cost of maintaining a lunatic in the asylums of the Seine has increased (1889) 1.35*d.* per day.

The asylums where the daily rate has increased are the following :—

			<i>s.</i>	<i>d.</i>		<i>s.</i>	<i>d.</i>
Moulins	0	8.16	instead of	0 7.2
Lafond	0	11.52	"	0 10.56
Quimper	0	9.6	"	0 8.64
Cadillac	0	11.52	"	0 10.08
Saint-Méen	0	9.6	"	0 7.96
Saint-Robert	0	10.56	"	0 9.6
Sainte-Gemmes	0	10.08	"	0 7.68
Châlons	0	11.52	"	0 9.6
La Roche-Gandon	0	10.56	"	0 9.6
Fains	0	11.52	"	0 9.6
La Charité	0	9.6	"	0 7.2

			s.	d.		s.	d.
Armentières ...	...	...	o	10.56	instead of	o	9.6
Alençon ...	...	...	o	11.04	"	o	9.6
Saint-Venant ...	...	...	o	9.6	"	o	7.68
Bassens ...	...	...	o	11.04	"	o	10.56
Quatre-Mares ...	...	...	1	1.44	"	o	11.8
La Roche-sur-Yon ...	...	...	o	10.08	"	o	9.6
Naugeat ...	...	...	o	8.16	"	o	6.72

When we think of the considerable increase experienced during these ten years in the cost of almost all commodities, it is surprising that the daily rate has not also become more considerable. Again, in the majority of cases this increase has only been reduced by the directors and voted by the general councils in order to meet extraordinary expenses for building or purchase of grounds, and, so to speak, is merely provisional.

The following are the asylums in which the daily rate has been reduced :—

			s.	d.		s.	d.
Saint-Lizier ...	...	...	o	6.04	instead of	o	9.6
Aix ...	...	...	o	10.56	"	o	11.04
Marseilles ...	...	...	o	11.52	"	1	0.96
Toulouse ...	...	...	o	8.64	"	o	9.6
Pau ...	...	...	o	8.64	"	o	9.6
Mondevergues ...	...	...	o	9.6	"	o	10.56

In the other asylums, that is to say in fifteen, the daily rate remained unchanged during these ten years. In the year 1864 the lowest daily rate was *os.* 6.72*d.*, and the highest was *os.* 11.8*d.*, while in 1874 the lowest was *os.* 7.2*d.* at Maréville, and the highest, exclusive of the asylums of the Seine, was *1s.* 1.44*d.* at Quatre-Mares.

The cost of maintenance paid for the insane by the department in which the asylum is situated, only forms part of its receipts. There are vast differences between the asylums ; in some, as for instance Bourges, La Roche-Gandon, and Alençon, the expenses of maintenance represent seventy to seventy-five per cent. of the receipts, while in others, such as Naugeat, Saint-Alban, Blois, and Maréville, they do not exceed thirteen to twenty-five per cent.

As a matter of fact, most of the asylums have resources of another kind, among which we may instance particularly the cost of maintenance of lunatics alien to the department in which the asylum is situated, that of paying patients charged to their families, and lastly, revenues in kind, and the produce of the patients' labour.

DESCRIPTION OF LUNATIC ASYLUMS IN FRANCE.

Having explained as a whole the administrative system which controls lunatics in France, we propose to give a description of the special asylums in each department, taking the greater part of our information from the official report published in 1874 by the inspectors-general of the service. Some few improvements have been introduced since that date.

I.—DÉPARTEMENT DE L'AIN.

This department has two asylums, which are the property of a religious sisterhood, viz., the Sisters of Saint Joseph of Bourg.

(1) *Sainte-Madeleine*, which is intended for women only. This asylum was founded in 1825 by the Brothers of Saint-Jean-de-Dieu, but was purchased the following year by the sisterhood, whose property it still remains. It stands upon three sides of a parallelogram, about 17.297 acres in area on a culminating point to the south of the town of Bourg, an area fully ample for the population of some 750 souls, which, consisting as it does of women only, might be raised to a higher figure if we consider that, for a mixed asylum, 2.471 acres per 100 patients is a perfectly adequate allowance. Its buildings are very irregular, several are too large and have too many stories, but all are exceedingly well kept. In spite of this, however, this asylum is far from containing all the improvements and perfections which modern hygiene requires. In addition to its system of baths, this asylum possesses an arrangement which it might be well to imitate; this is a large and magnificent cold swimming-bath in the open air, perfect in construction and arrangement, the water in which can be perpetually changed at will. In summer the doctors derive very substantial benefit from it, and the patients are able to indulge in the exercise of swimming. Besides the lunatics from Ain, *Sainte-Madeleine* receives those from Saône and Loire, a few from the Seine and the Rhône, and a large number of paying patients charged to their families.

(2) *Saint-Georges*, which is an asylum for men. This institution, rebuilt in 1885, about 1.864 miles from the town of Bourg, is still unfinished. The completed buildings consist of one single block made up of three pavilions connected by less lofty main

buildings, and it can accommodate from 450 to 500 men with ease ; but the normal classification is unsatisfactory. This asylum, which is of imposing proportions and of a very ornate—perhaps too ornate—style of architecture, was occupied in 1861. Saint-Georges takes in male lunatics from Ain, Saône-et-Loire, a few from the Seine, and a considerable number of private patients.

II.—DÉPARTEMENT DE L' AISNE.

This department possesses a fine institution. The asylum of Prémontré, situated in the middle of an estate of 214.97 acres, is the realisation of the sensible idea, advocated by many lunacy specialists, of an asylum and farm settlement enclosed one within the other. Prémontré has a capacity for about 840 patients at the present time. It takes in all the pauper lunatics from Aisne and Ardennes. The general services are provided for in the old abbey of Prémontré, but the classified wards have been exceedingly well built under the direction of M. Constans.

III.—DÉPARTEMENT DE L' ALLIER.

Sainte-Catherine d'Yseure, 1850. About 1845 the general council of Allier determined to build a departmental asylum, the administrative and medical direction of which was entrusted at the outset to Dr. Régnier, who had occupied the same position at the Asylum Saint-Gilles since the 1st of October 1846. The departmental asylum of Allier, called Sainte-Catherine after the suburb which must be crossed in order to reach the building, was erected in the commune of Iseure, a mile and a quarter north-east of Moulins, and took from 1845 to 1850 to build. With regard to its method of construction, Sainte-Catherine d'Yseure belongs to the group of asylums made up of detached pavilions, built out parallel to each other, and at right angles to the axis of the establishment. The cost of construction of the asylum amounted in 1870 to £14,613 8s. 10d. for a population of 300 patients, and the expenses for purchase of land, about 26.637 acres, to nearly £4,600.

IV.—BASSES-ALPES.

The department of the Lower Alps has no asylum, and never has had one. Before the Revolution, the lunatics from that part of old Provence of which the department was made in 1790, were sent to

the asylum at Aix. The same rule obtained after that date, and until the 1st of January 1841, the date of the first agreement, in virtue of which the lunatics of the Lower Alps were thenceforward placed in the departmental asylum of Vaucluse.

V.—HAUTES-ALPES.

From 1817, and probably even before that year, until 1869, the lunatics of the Upper Alps were placed in the poor-house, which subsequently became the asylum of Saint-Robert (Isère). Since 1869 they have been maintained at the asylum of Mondevergues (Vaucluse).

VI.—ALPES-MARITIMES.

This department possesses a very defective asylum, belonging to a religious order, and taking in patients of both sexes. Partially destroyed by fire in 1875, it has not been wholly rebuilt. The asylum of Saint-Pons only takes in pauper lunatics from the department of the Maritime Alps.

VII.—DÉPARTEMENT DE L'ARDÈCHE.

The asylum of this department is Sainte-Marie, at Privas, founded in 1836. It is situated in the town itself, to the south-east, between the Aubenas road, the road to the mines, and the railway station. The buildings and courts cover only 3.985 acres for a population of 600 patients. This asylum, which is composed of conglomerated blocks grouped without any order or collective plan upon broken ground, is in no respect suited to its purpose. The asylum of Privas takes in all the pauper lunatics of both sexes of the department of Ardèche. Since 1857 it has also admitted the female lunatics from Drôme, and since 1869 the male patients from the same place. Finally, since 1872, a certain number of females have been sent there from the Rhône.

VIII.—ARDENNES.

From the beginning of the nineteenth century until 1867 the pauper lunatics of the department of Ardennes were placed in the asylum of Maréville (Meurthe). Since 1867 they have been transferred to Prémontré, where they are all still admitted.

IX.—DÉPARTEMENT DE L'ARIÈGE.

This department possesses the important asylum of Saint-Lizier, established in the ancient episcopal palace at the top of a hill, the foot of which is washed by the river Salat. Unfortunately, the far too confined site on which it is built renders any enlargement almost impossible. The asylum of Saint-Lizier, which underwent a thorough transformation a few years ago, would still be more than sufficient for all the lunatics of the department, but in 1870 the mistake was made of admitting an unduly large number of patients from the Seine. The deplorable embarrassment which has been the result of this step has prevented the authorities from proceeding with the work of reconstructing several of the classified wards, which has long been necessary, particularly in the cellular ward. This asylum receives all the pauper lunatics of the department of Ariège, and, since 1870, some from the Seine. There is no pay-ward for patients of the "*régime spécial*"

X.—AUBE.

Since 1838 all the lunatics of Aube, after a more or less protracted stay in the observation ward of the hospital at Troyes, have been sent to the asylum of Saint-Dizier (Haute-Marne).

XI.—AUDE.

To this department belongs the asylum of Saint-Joseph of Limoux, opened in 1827, and built quite in the town to the north-east, upon a site formerly occupied by two Dominican monasteries. This asylum has been built upon far too small a site, consisting in 1866 of only 2.462 acres for a population of more than 450 patients; but, about a mile and a quarter from the town, the society possesses a very fine estate of 197.68 acres, upon which a certain proportion of the lunatics are habitually occupied. It is upon this estate that the important buildings erected a few years ago ought to have been placed for the more becoming disposal of the men's section. In spite of its shortcomings, which are caused more especially by the inadequacy of the site, the asylum of Limoux, the greater part of which was rebuilt in accordance with the suggestions made at the general inspection, is one of the best French private asylums doing duty as public asylums. Saint-Joseph admits all

the pauper insane of Aude, and, since the 1st of January 1843, those of the Eastern Pyrenees as well ; there is also a pay department of considerable importance.

XII.—AVEYRON.

To this department belongs the asylum of Rodez, built in a suburb to the north-west of the town, at the end of the Fovial avenue, upon a layer of clay and schist, whence a very fine view is obtained. The site is 7.25 acres in extent and the arable land 17.564 acres only, which is quite inadequate. The plan of the asylum, which was prepared by Boissonnade the architect, in accordance with specifications sent to him by Esquirol, was subsequently modified to meet suggestions made by Ferrus. With regard to its method of construction, the asylum of Rodez belongs to the same group as Le Mans, Sainte-Catherine d'Yseure, Auxerre, and Prémontré, being composed of a series of detached pavilions, built out parallel to one another, and at right angles to the axis of the establishment. The residential pavilions, which are connected with each other and with the general services by a covered gallery open at the sides, are built from front to rear upon two parallel lines, one for each sex.

XIII.—BOUCHES-DU-RHÔNE.

It was in this department that the first lunatic asylums in France were organised. Two still exist, exclusive of several private asylums. The first, namely, "l'Hôpital général des Insensés de la Trinité d'Aix", was founded in 1697. It was rebuilt in 1874 on the detached pavilion system, and stands in a fine estate of 29.65 acres. In addition to the lunatics of the arrondissement of Aix, it admits those of Corsica and Algeria.

The second, namely, the asylum of Saint-Pierre of Marseilles, opened on the 30th of October 1844, has taken the place of the asylums of Saint-Lazare and Saint-Joseph, into which the lunatics of Marseilles and its neighbourhood were admitted from the year 1600 in the first, and from 1822 in the second. This asylum stands upon a site of 10.625 acres, and has night accommodation for 880 patients, including sixty private patients "*des régimes spéciaux*", who, in default of a regular pay-ward, are placed in the wards intended for lunatics "*du régime commun*". The insufficient accommodation makes it absolutely necessary to build a pay-ward.

The arable land attached to the institution is only 42.624 acres in extent. The asylum of Saint-Pierre is made up of detached blocks of buildings arranged in rectangles open on one side, with covered galleries and porticoes. It admits all the pauper lunatics from the Bouches-du-Rhône, with the exception of those from the arrondissement of Aix, and those from Var. It also receives a tolerably large number of private patients charged to their families.

XIV.—CALVADOS.

This department possesses an important asylum, "Le Bon Sauveur", the foundation of which dates back to the year 1720, and which is the property of a religious order of women. Built upon a very inadequate site, this asylum contains, nevertheless, some very good features—three or four enormous courts, fine dormitories, and really remarkable rooms for private patients. But all this is so confused, incoherent, and disordered, that there is practically no classification nor separation of the different kinds of patients. Altogether, it cannot be considered a good institution. "Le Bon Sauveur" admits a very large number of private patients, maintained at the expense of their families. On the 1st of January 1874, out of a total population of 979 patients, there were 385 of this class, 228 of whom were women.

XV.—CANTAL.

There is no special asylum in this department, but its chief town has set apart, and very conveniently adapted, a special ward, which is able to receive all the lunatics of the department. It is a kind of asylum attached to the hospital of Aurillac, with accommodation for 250 patients.

XVI.—CHARENTE.

There is a departmental asylum of Charente at Brenty-la-Couronna, 3.106 miles to the south of Angoulême, standing in an estate of nearly 96.36 acres, only 2.94 of which have been appropriated for the site of the buildings. It was opened on the 15th of February 1865. The asylum of Brenty, built with the funds voted by the general council in its session of 1858, admits all the pauper lunatics of Charente, and also a certain number of the insane of Vienne and the Seine.

XVII.—CHARENTE-INFÉRIEURE.

This department has a good asylum, which was opened on the 1st of December 1829. It is situated in the village of Cogne-hors, by the gates of Rochelle, and stands on an estate ceded to the department by the almshouses. The extent of the site is 7.09 acres, and that of the arable land and pleasure gardens about 20.53 acres, for an average population of 310 patients. The asylum further rents 82.77 acres of land, which are under cultivation.

XVIII.—CHER.

There is an excellent asylum for this department, recently rebuilt, on the Beauregard estate. For this new asylum the system of detached pavilions has been adopted, connected inside by a covered gallery open at the sides.

XIX.—CORRÈZE.

This department has no asylum for women, but sends all its female lunatics to the asylums of Lot. It possesses a private asylum for men, called La Cellette, founded in 1831 by the Brothers of Sainte-Marie de l'Assomption, of whom it still remains the property, and situated in the commune of Monestier-Merlines, in the canton of Eygurande, 3.10 miles from Bourg-Lastic. This asylum is situated at the bottom of a deep ravine, a position which is more picturesque than healthy. The grounds for cultivation are placed on the hill which commands the narrow valley of Chavannon. The asylum estate covers 132.83 acres, of which about 2.471 are taken up by the buildings and courts. Although there is still a good deal to be done in this asylum, especially with regard to the cells, it is certainly the least bad of the five institutions which belong to the Brothers of Sainte-Marie de l'Assomption. Since its foundation La Cellette has admitted the male lunatics of Corrèze and Puy-de-Dôme.

XX.—CORSE.

Since the 1st of October 1852 all the pauper lunatics of Corsica have been placed in the asylum of Aix. This department is the one, moreover, which, in proportion to its population, maintains the smallest number of insane persons, and spends the least amount upon this service.

XXI.—CÔTE D'OR.

The departmental asylum of Côte d'Or, opened in 1843, has been established in an old abbey of Chartreux, and is situated at the gates of Dijon, upon the road to Plombières. The asylum site measures about 4.942 acres, and the arable land 34.099 acres, inclusive of the park and farm buildings, for an average population of 500 patients. Looked at as a whole, the Dijon asylum represents the four sides of a rectangle. The courts, instead of being outside, are placed inside the buildings, an arrangement which is bad in every way. In the last few years this asylum has been considerably increased by acquisitions of ground, and by the building of two pay wards as extensions of the side wings on the south side, which hitherto had remained open. In spite of these important alterations the asylum of Dijon still cannot be considered a good institution. La Chartreuse only admits pauper patients from Côte d'Or, but it also receives a somewhat large number of private patients.

XXII.—CÔTES-DU-NORD.

This department places its female lunatics in the almshouse ward of Saint-Brieux, and its male patients in the asylum of Lehon, which belongs to the Brothers of Saint Jean de Dieu. This asylum is situated in the middle of an enclosure of 137.05 acres, the brothers also possessing outside the enclosure 82.23 acres, which are under cultivation. The buildings and courts cover an area of 29.68 acres. The asylum of Lehon also admits the male lunatics of Morbihan. This department further possesses a house, founded in 1859, a branch of the house "du Bon Sauveur de Caen", which sends there those patients whom it cannot retain, owing to the over-pressure in its wards. It only admits women, and can accommodate 300 patients.

XXIII.—CREUSE.

There is no special asylum for Creuse, all the pauper lunatics being placed in the asylum of Limoges.

XXIV.—DORDOGNE.

Dordogne has no special asylum, all its pauper lunatics having been placed, since 1835, in the asylum of Leyme (Lot).

XXV.—DOUBS.

Doubs has no special asylum, the lunatics being sent to Dôle.

XXVI.—DRÔME.

There is no special asylum, the lunatics of this department being now collected at the asylum of Sainte-Marie de Privas, the women having been sent there since 1857, and the men since 1869. But this department does possess a special asylum for epileptics who are not insane. The asylum of Tain, erected in an estate of 37.065 acres, is situated 1.24 mile to the south of the town of Tain, and about 546 yards from the left bank of the Rhône. It is capable of accommodating from 220 to 300 patients of both sexes. The asylum only admits, or at least only ought to admit, epileptics who are not insane, receiving them at the charge of their families, departments, communes, or almshouses. Upon the foundation there are ten beds, devoted, free of expense, to poor patients, half the number being at the disposal of the Minister of the Interior.

XXVII.—EURE.

This department has but one special institution, the asylum of Evreux, with accommodation for 800 patients. It is a very fine establishment, although the system of construction adopted is not, perhaps, the best, and although far more attention seems to have been paid to giving the buildings an imposing decorative character than to making convenient distribution of the day and night wards. The asylum of Evreux now admits all the pauper lunatics from Eure, and those likewise from the department of Seine-et-Oise (arrondissement of Mantes), since October 1867, and from the Seine since the 1st of January 1870.

XXVIII.—EURE-ET-LOIR.

The departmental asylum of Eure-et-Loir, in the commune of Bonneval-sur-la-Loir, although projected ever since 1834, was only opened on the 1st of January 1862. It is established in an old Benedictine abbey, which, since the Revolution, has been successively a manufactory, an orphanage, and a farm settlement, and all the old buildings of which have been converted to their new

purpose. The site covers 3.95 acres, and the arable land 99.21 acres, 18.77 of which are timber, for an average population of 376 lunatics.

XXIX.—FINISTÈRE.

This department has one special asylum for men, namely, Saint-Athanase. Situated in one of the suburbs to the east of the town of Quimper, the asylum of Saint-Athanase has been built some thirty-three yards above the valley of the Odet, overlooking the gardens of the civil hospital on the south and west. Its superficial area is 98.84 acres. Female lunatics are admitted in a specially arranged ward of the hospital of Morlaix.

XXX.—GARD.

There is no special asylum for Gard, the lunatics being sent to the asylum of Mondevergues.

XXXI.—HAUTE-GARONNE.

The departmental asylum of Haute-Garonne, opened on the 1st of July 1858, is situated at Braqueville, in the commune of Toulouse, 1.86 miles from the limits of the town-dues to the right of the road to Muret. The site occupied by the buildings and courts measures 19.64 acres, and the arable land 41.88 acres, or, including the cemetery, nearly 61.775 acres. With regard to its system of construction, the asylum of Toulouse belongs to our second group, in which the isolated pavilions forming the classified wards are arranged, some parallel, and some at right angles, to the axis of the establishment. But the Toulouse asylum presents some peculiarities of arrangement in this connection. The chapel, bakehouse, laundry, and workshops alone are placed along the line of the axis; the other general services being situated to the right and left of the great court of honour, of which the chapel forms the background. The two sections for males and females are arranged symmetrically, one on the right and the other on the left of the transversal line, each one forming as a whole a long parallelogram, made up of the living-rooms at the entrance and at the end of a one-storied building connecting the two wards devoted to the violent and epileptic patients. The other pavilions, numbering six for each sex, are arranged in two parallel lines, separated by a walk planted with trees, and communicate with each other, and with the general

services, by a covered gallery running along each side of the central walk. The Toulouse asylum has accommodation for 680 patients; the grounds cost £2,548 and the buildings £58,901 1s. 7d., representing £86 12s. per bed, exclusive of the supplementary expenses, subsequently liquidated with the bonuses of the asylum. In spite of its shortcomings in details, this is certainly one of the finest institutions in France.

This department also possesses a private asylum, founded in 1828 by M. Delaye in Saint-Cyprien, one of the suburbs of Toulouse. It only admits private patients charged to their families, who pay from £48 to £120 a year, and it has accommodation for 100 patients.

XXXII.—GERS.

This department has a special asylum at Auch, belonging, from its system of construction, to the system of the isolated pavilions forming the classified wards, being arranged, some at right angles and others parallel to the axis of the establishment.

XXXIII.—GIRONDE.

There are two departmental asylums in Gironde, that of Cadillac for men, and one at Bordeaux for women. Both these institutions are somewhat old, and unequal to the demands made by science, and are unworthy of any special description. There is also in this department the private asylum of Castel-d'Andorte, situated in the commune of Bouscat, 2.48 miles north-west of Bordeaux, and founded in 1845 by M. Desmaisons. The residential buildings, which were erected entirely for their present purpose, are placed in the middle of an enclosure of 19,187 acres, of which about 4.11 are covered by the buildings and courts. Castel-d'Andorte has accommodation for thirty-three men and twelve women, the average charge being £80 per annum.

XXXIV.—HÉRAULT.

The asylum has been fitted up in the dependencies of the hospital of Saint-Esprit, now the general hospital, with which most of the general services are now in common. In spite of the additions and improvements made in this institution in the last few

years, it in no way comes up to the idea now entertained of what a lunatic asylum should be.

XXXV.—ILLE-ET-VILAINE.

The Saint-Méen asylum is situated in the commune of Rennes, but outside the limits of the town-dues, about 1.24 mile to the east of the town, on the road to Paris. In 1874 the land belonging to the asylum only amounted to 57.35 acres.

XXXVI.—INDRE.

Indre has no special asylum, the lunatics being sent to Limoges.

XXXVII.—INDRE-ET-LOIRE.

This department has no special asylum. The men are received in an insane ward of the Tours hospital which has been specially adapted for them, but leaves much to be desired. There is also a special ward for the women.

XXXVIII.—ISÈRE.

There is a fine departmental asylum at Saint-Robert, 3.72 miles from Grenoble. With regard to its system of construction, it belongs to the group of asylums in which the detached pavilions forming the classified wards are arranged, some parallel, and the rest at right angles to the axis of the establishment, and under this head the asylum of Saint-Robert is one of the best designed. Unfortunately, however, this asylum is not completed, several of the old buildings still remaining on the women's side, particularly the administration block, which has been converted into a pay department. Moreover, some twenty years ago, the general council, forsaking the original plan, caused some pavilions to be erected which are not in harmony with those previously built. In spite of these faults, however, the asylum of Saint-Robert, which, it should be added, is in an extremely picturesque situation, commanding a view of the Alps, is one of the best institutions in France. Saint-Robert admits all the pauper lunatics of Isère, and in the last few years it has likewise received lunatics from the Seine, while the number of private patients maintained by their families is tolerably large.

XXXIX.—JURA.

A large departmental asylum exists at Dôle, of which the ground site of the buildings covers 6.37 acres, for an average population of 430 patients. The arable land, which was formerly only 6.5 acres in extent, was increased to 92.66 acres by the purchase in January 1873, at a cost of £7,760, expenses included, of the château and park of Saint-Ylie, situated 1.86 mile from Dôle. The asylum of Dôle admits all the pauper insane of Jura, and, since the 11th of October 1841, those of Doubs as well. Since April 1856 it has also admitted some from the Seine, and there are, in addition, a certain number of private patients maintained by their families.

There is also a private asylum at Dôle, which, before 1792, was an old monastery of Capuchin friars. Sold in that year as national property, and converted into a boarding-school for young people, this private asylum only began to take in lunatics in 1811, and it was not until October 1860 that they were admitted there, to the exclusion of all other patients. The Capuchins' house is built on an estate of 9.019 acres, about 1,000 yards to the south-east of the town, but within the circumference of the commune. The asylum contains two classified wards for males and three for females. Although licensed for seventy-five patients, forty male and thirty-five female, the Capuchins' house does not generally contain more than fifty-five or sixty, for whose maintenance an annual charge is made of £24 or £48.

XL.—LANDES.

There is no special asylum for Landes, the lunatics being sent to Pau.

XLI.—LOIR-ET-CHER.

At Blois there is a large special asylum, which, after successive additions and transformations, so to speak, ever since 1851, has developed with great rapidity, and is now one of the principal institutions of its kind. It is situated to the north of the town, on the highroad to Paris, at the top of a slope overlooking the valley of the Loire. In 1860 the department purchased for its asylum, at an outlay of £8,000, including furniture and all expenses, the estate of Saint-Lazare, twenty-seven acres in extent, from which it was separated only by a parish road, and in which it has been

possible to erect in favourable conditions a pay department, cow-house, and poultry-yard. The pay department of this asylum, which it has recently been determined to enlarge, is in many respects one of the most complete possessed by French public asylums. Since 1846 the asylum of Blois has admitted all the pauper insane of Loir-et-Cher, and since the 29th of April 1850 some have been sent there from the department of the Seine; it contains more such patients than any other provincial institution, and it is also one of the asylums admitting the largest number of private patients charged to their families.

XLII.—LOIRE.

There is no special asylum in Loire, the insane being sent to the asylums of the department of the Rhône.

XLIII.—LOIRE (HAUTE).

To this department belongs the asylum of Montredon, founded by the Brethren of Sainte-Marie de l'Assomption, and opened on the 20th of October 1852. Situated in the suburbs to the north of Puy, between the road to Brionde and the railway, this asylum has been built upon far too small a site, only 2.234 acres for a population of 450 patients. Moreover, it has been necessary to build the wards one over the other in the single block, four stories high, which has unwisely been placed with its back to a hill. It is very doubtful, in consequence, whether this can ever be considered a good asylum, in spite of the attempts made to improve it in the last few years. The arable land is 31.62 acres in extent. Ever since its foundation the asylum of Montredon has admitted all the insane from Haute-Loire, and female patients from the arrondissement of Sainte-Etienne. Since 1872 the department of the Rhône has maintained twenty females there, and it also admits some private patients paid for by their families.

XLIV.—LOIRE-INFÉRIEURE.

The asylum of Saint-Jacques, at Nantes, built entirely by the Administrative Commission of Asylums, was opened on the 1st of January 1835. With an average population of 620 patients, its estate contains 4.032 acres, covered by the buildings and courts,

and 32.053 acres under cultivation—a total area of 36.085 acres. The asylum of Nantes, which is merely a ward of the general hospital, in common with which it has all the general services, is only separated from it by a walk eleven or twelve yards wide and planted with trees. It is made up of a series of parallel pavilions, connected at one end by a covered gallery running along the south front and open at the sides. The courts, which are enclosed by a sunk fence, look over the valley of the Loire.

There is also a private asylum known as the “Maison Francheteau”, situated at 65, rue de Rennes, Nantes, founded in 1829 by MM. Drouet and Francheteau, who placed it first in the rue des Orphelins. At the present time it is under the direction of Dr. Fortineau. Although only licensed for twenty patients, ten male and ten female, his asylum has accommodation for twenty-four. In a distinct ward it also receives seven or eight free pay-patients.

XLV.—LOIRET.

There is special provision at Orleans consisting of (1) the Caroline Hospital, containing 3.24 acres, situated in the rear of and to the south of the general hospital of which it is an integral part, and in common with which it has all the general services; and (2) the farm settlement attached, known as “Le Baron”, situated about 330 yards from the hospital. This enclosure, which was purchased in 1842, contains about 22.4 acres. The women and about half the men are placed in the Caroline hospital, while the remainder live at Le Baron.

XLVI.—LOT.

The private asylum of Leyme, situated in the commune of that name, in the canton of La Chapelle-Marival, was founded in 1835 in an old abbey of Bernardine nuns. Leyme is situated in a grassy valley, commanded on three sides by wooded slopes. The estate now covers about 388 acres, five of which are occupied by the buildings, courts, and yards, and 195 of which are timber, the remainder being cultivated by the patients. Leyme, indeed, is essentially an agricultural asylum, and in this connection its situation could hardly have been better chosen, as the departments it serves contain agriculturists principally. From its method of construction, Leyme belongs to the group of asylums composed

chiefly of conglomerate buildings. All the courts, however, are placed outside the residential buildings overlooking the country, and the classified wards are arranged in pavilions, which adjoin one another, it is true, but which are very distinctly separated.

XLVII.—LOT-ET-GARONNE.

There is no special asylum here, the lunatics being sent to Montauban.

XLVIII.—LOZÈRE.

At Saint-Alban there is a special asylum admitting both men and women. In the last fifteen years Saint-Alban has been very greatly enlarged and altered, the additions including an administration block and new wards for the men, while the arable land has been increased, and the patients are now placed there under fairly favourable conditions. But in spite of all endeavours, the old Saint-Alban will never be anything but a mediocre asylum. At the end of 1874 the superficial area of the property, for an average population of 300 patients, was 4.745 acres occupied by the asylum, and 20.863 acres reserved for cultivation—a total of 25.608 acres.

XLIX.—MAINE-ET-LOIRE.

There is a special asylum of Sainte-Gemmes-sur-Loire. Towards the end of 1843 the departmental asylum of Maine-et-Loire was established in an old manorial château, built about 1706. The institution, which was founded in the commune of Sainte-Gemmes-sur-Loire, 3.728 miles from Angers, is placed in a magnificent situation on the banks of the Loire, from which it is only separated by a tow-path. After having been successively enlarged since 1844 by Drs. Levincent and Billod, it presents the same inconveniences as do most asylums which have been established in buildings altered to their purpose. The property of the asylum, for an average population of 540 patients, includes 17.414 acres occupied by the buildings, terraces, courts, and yards, and 37.269 acres under cultivation—a total area of 54.683 acres. The asylum of Sainte-Gemmes admits all the pauper lunatics of Maine-et-Loire, and a somewhat large number of private patients maintained by their relations. Since 1851 it has also received patients from the Seine.

L.—MANCHE.

Manche has a large insane ward attached to the Pontorson almshouse situated at the south-west of the town on the left bank of the Couesnon, at the apex of the angle made by this river and the road from Cherbourg to Saint-Malo. The asylum of Pontorson is bounded on all sides by the property of the almshouse, of which indeed it is merely an annex, and with the buildings of which those of the special ward are so closely mingled that it is impossible to determine where the one ends and the other begins, or even to draw any precise line of demarcation between the men's side and the women's. The Pontorson asylum has for a long time been, and still is, one of the worst almshouse insane wards in France. It takes in most of the male, and a certain number of female lunatics from the department of Manche, and private patients maintained by their relations.

There is also (1) a private asylum founded at Saint-Lô by the Dames du Bon-Sauveur, which began to receive lunatics supported by their families in 1810. The Saint-Lô asylum, standing in an estate of about 11.76 acres, is situated north-west of the town at the end of the Grande rue, on a lofty plateau commanding an extensive view over the country. The material organisation of this asylum is not altogether satisfactory, particularly as regards the construction of the classified wards, but the house is very well kept. This institution, again, is one of the best private asylums doing duty as public asylums. Saint-Lô only admits women.

(2) There is a second private asylum at Pont-l'Abbé-Picauville, which was originally founded in 1837 as an educational establishment, but became, in April 1852, a branch of the asylum of the Bon Sauveur de Caen. This institution is situated in the commune of Picauville, in the canton of Sainte-Mère-Eglise, on the right bank of the Douve. At first Pont-l'Abbé only admitted women, but it was not long before it admitted men as well. Very largely increased in the last fifteen years, this asylum in its material constitution shows the same defects as the asylum of Caen—very fine dormitories, vast courts, several day-rooms which are amply sufficient, but all disconnected and confused in the most unreasonable manner. Consequently, there is a good deal to be done before Pont-l'Abbé can become a good asylum. It receives private patients of both sexes who are paid for by their relations, pauper

patients from Manche since 1852, from Calvados since the 22nd of November 1853, and from the Seine since the 29th of August 1856.

LI.—MARNE.

The lunatic asylum of Marne is situated in the capital of the department in the Faubourg Saint-Jacques, on the road to Rheims. In 1850, the old buildings being found inadequate, or answering their purpose very indifferently, a complete plan was made for the entire reconstruction of the institution, and, thanks to the energy of the medical superintendent, Dr. Giraud, the work was enabled to be carried out with the funds of the asylum, subsidised by the department. The property includes, for an average population of 460 patients,—

Covered by the buildings and courts .	5.884 acres.
Coppice land	1.235 „
Under cultivation	19.938 „
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Total area	27.057 „

LII.—MARNE (HAUTE).

The departmental asylum of Haute-Marne is situated in a suburb to the south-east of the town of Saint-Dizier, in an island called the Island of the Saints, formed by the Marne and a tributary canal which flow under the windows of the institution. The property of the asylum, for an average population of 470 patients, includes :—

Site of buildings, courts, and yards .	3.090 acres.
Vineyards	3.732 „
Meadow-land	1.485 „
Kitchen-garden and arable-land .	24.671 „
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Total area	32.978 „

Saint-Dizier admits all the pauper lunatics of Haute-Marne, private patients maintained by their families, lunatics from Aube since 1838, and from the Seine since the 7th of April 1850.

LIII.—MAYENNE.

The departmental asylum is situated at Mayenne, in the Faubourg Saint-Martin, on a high plateau between the Paris road and the river Mayenne.

The estate comprises 4.942 acres, covered by the buildings and courts, and 28.169 acres under cultivation, a total extent of 33.111 acres, and the idea of enlarging the estate is under serious consideration. In method of construction La Roche-Gandon belongs to the group of asylums made up of continuous buildings. All the classified wards are established in one single block two stories high, forming the four sides of a rectangle, around which the courts are arranged, there being four for each sex. La Roche-Gandon admits all the pauper lunatics of Mayenne, a few private patients charged to their families, and, since 1874, patients from the Seine.

LIV.—MEURTHE-ET-MOSELLE.

In this department there is the important asylum of Maréville, which receives lunatics from all the eastern regions of France, and has accommodation for about 1,500 patients. Maréville, then, has always been, and still is, a district rather than a departmental asylum. During the decade 1845 to 1855, lunatics from the Seine were admitted here, but the agreement was not renewed at the end of this period. The asylum of Maréville is situated in the commune of Laxon, 3.1 miles south-west of Nancy, on the slope of a wooded hill which shelters it on the west and north. In July 1875, its estates, for an average population of 1,280 patients, included 42 acres occupied by buildings, courts, and yards, 9.884 acres of timber, and 25.13 acres of garden, arable land, and pasture, a total area of 77.014 acres. The system of detached pavilions has been adopted in the rebuilding of Maréville. These pavilions, which are quite independent of one another, some being at right angles to the axis of the establishment and others parallel to it, and which are different in plan and varying in height, give the institution an appearance quite peculiar to itself.

There are also in this department two important private asylums:—1.) The asylum of Saint-François at Saint-Nicolas-du-Pont. The accommodation here is for eighty-seven patients, and the annual rate of maintenance varies from £28 to £80. Saint-

François only admits private patients charged to their families, and is really a private asylum attached to an almshouse, and is administered as such.—(2.) La Malgrange, 1815-1839. The private asylum of Haute-Malgrange, situated at the end of the Faubourg Saint-Pierre, 1.86 mile south of the town of Nancy, was founded in 1818 by Dr. Gillet, in a château formerly occupied by King Stanislas. It has accommodation for forty lunatics at a daily charge of 1*s.* 7*d.* to 6*s.* 4*d.*

LV.—MOSELLE.

Moselle has no special asylum, its lunatics being sent to the asylum of Maréville (Meurthe-et-Moselle).

LVI.—MEUSE.

The asylum of Fains, which is the departmental asylum of the Meuse, is situated 1.86 miles to the north-west of Bar-le-duc, with its back to the country town of Fains itself, built at the foot of a slope which shelters it on the south-west side. The canal from the Marne to the Rhine passes about 100 yards to the north-east of the entrance gate. The asylum property, for an average population of 580 patients, comprises 5.911 acres occupied by the buildings, courts, and yards, .908 acre used as a cemetery, and 22.191 acres under cultivation, a total property of 29.01 acres, while the asylum rents in addition 1.396 acres.

LVII.—MORBIHAN.

Attached to the hospital of Vannes is an important special ward for the insane, comprising (1) buildings and courts, the property of the department, inclusive of the ground site, .748 acre in extent; and (2) an inclosure belonging to the hospital, but devoted entirely to the insane ward, 4.277 acres in extent, thus giving a total of 5.025 acres. The asylum property so called is altogether in the shape of a trapezium. It has been recently attached to the establishment belonging to the department of Morbihan.

LVIII.—NIÈVRE.

The departmental asylum of La Charité-sur-Loire has an area of 40.129 acres, for an average population of 305 patients;

3.163 acres being covered by the buildings and courts, and the remaining 36.966 acres being under cultivation. With regard to its material construction, the asylum of La Charité leaves much to be desired ; most of the classified wards are grouped in continuous dwelling-pavilions, forming together two parallelograms, one for each sex, between which the courts have been placed—a bad arrangement in any case, and one probably caused in this instance by insufficiency of ground site. The epileptic and violent patients alone are placed in detached pavilions. La Charité only admits pauper lunatics from Nièvre, and a few private patients at the charge of their families.

LIX.—NORD.

There are three asylums which receive the insane of this important department: (1) The asylum of Bailleul, at Lille, conceived on a magnificent scale—too magnificent, in some respects—was opened on the 15th of November 1863. The establishment is situated in the commune of Bailleul, about 1,000 yards to the north-east of the town, on a lofty site, from whence an extensive view over the country is obtained. On the 31st of December 1874, the estate comprised :—

Covered by buildings, avenue, courts and yards	30.080 acres.
Under cultivation	110.515 „
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Total area	140.595 „

This asylum has adopted the system of isolated pavilions, in which the classified wards are placed, and which are arranged, some parallel, and others at right angles to the axis of the establishment. The asylum of Bailleul has cost, in very approximate figures,—

For grounds	£20,000
„ buildings	71,480
„ furniture	15,040
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Total	£106,520

for 620 pauper lunatics and 140 private patients. The net cost per bed would therefore be £94 for the buildings, and about £20

for the furniture. Bailleul most certainly is one of the finest, and in many respects one of the best, asylums in France. It has, moreover, an independent existence, like Bordeaux, Cadillac, Aix, Marseilles, etc. It receives all the female pauper lunatics from Nord, and since the 1st of April 1867 it has also admitted a certain number of female pauper lunatics from the Seine. Its pay department is one of the two or three most important there are in France.

(2) The asylum of Armentières is one of those which have a private and independent existence. It is situated right in the heart of the town, surrounded on all sides by private houses and manufactories. In 1873 Armentières was made up of two entirely distinct portions :—

(i) The asylum, properly so called, containing—			
(a) The site of the buildings and courts, covering		1.329	acres.
(b) The immediate appendages, kitchen garden, etc.		10.459	„
	Together	11.788	„
(ii) The farm, with an area of		55.440	„
	Total	67.228	„

The asylum of Armentières admits pauper lunatics of Nord, a few private patients charged to their families, and, since the 23rd of October 1845, a certain number of lunatics from the Seine.

(3) Lommelet, situated in the commune of Marquette, 1.86 miles from Lille, on the road to Ypres, was built in an estate of 54.362 acres surrounded by walls, but the property has successively been increased to 74.13 acres. In material composition this asylum consists of a series of continuous pavilions, fairly well built in other respects, but grouped upon far too small a site; moreover, most of the courts, being overlooked on all sides by buildings one or two stories high, are caged in and have no view. Nevertheless, Lommelet is one of the best private institutions doing duty as public asylums. It has been estimated to have actual accommodation for 750 patients, and on the 1st of January 1874 it only contained 478 patients. Only men are admitted into this institution.

LX.—OISE.

The important asylum of Clermont contains at the present time all the pauper lunatics of Oise, of Somme, and Seine-et-Marne, the large majority of those from Seine-et-Oise, a certain number from the Seine, and more than 300 private patients charged to their families. The population numbers 1,500, male and female. Consequently, Clermont is one of the most important private institutions doing duty as public asylums.

The establishment consists of:—

(i) The central asylum, situated right in the heart of Clermont, and possessing . . .	49.420 acres.
(ii) The colony of Fitz-James, properly so-called, situated some 1,000 yards from the town, farm, and park . . .	
(iii) Bécrel, a ward for females “du régime commun”, placed at one end of the park of Fitz-James . . .	593.040 ..
(iv) The “Petit Château”, also situated in the park of Fitz-James, and reserved exclusively for lady private patients, who are not classified . . .	
(v) The farm of Villers, in the commune of Erquéry . . .	605.395 ..
Total . . .	1247.855 ..

The paying patients “des régimes spéciaux” are distributed among Fitz-James, the Petit Château, and more especially the central asylum; the lunatics “du régime commun” are placed at Fitz-James, Bécrel, and Villers, but above all in the central asylum, where the classified wards, grouped as they are in far too small a space, do not offer the conditions that are rightly looked for nowadays in a lunatic asylum that is really worthy of the name. The distinctive characteristic of Clermont is the relative liberty granted to the lunatics who are engaged in field labour. In the last fifteen or twenty years, it is true, most French asylums have been alike in this respect, but it should be recognized that Clermont was one of the first to make any decided move in this direction.

LXI.—ORNE.

The departmental asylum of Orne is situated at Alençon. The property of this institution, right through which the river Brillante flows, comprises, for an average population of 270 patients, 3.582 acres covered by the buildings and courts, and 25.327 acres under cultivation, a total area of 28.909 acres, while the asylum rents 10.872 acres as well. The asylum of Alençon is made up of a series of continuous pavilions, grouped upon a site which is not nearly large enough, with courts placed outside the buildings occupied by the patients, but completely surrounded by high walls and buildings, so that they are caged in and have no view. For a long time this institution received all the pauper lunatics of Orne, and it still contains the large majority of them. The number of private patients maintained by their relatives is very small.

LXII.—PAS-DE-CALAIS.

The departmental asylum, situated at Saint-Venant upon an estate of 2.05 acres, of which only .83 acre is covered by the buildings and courts, has a population at the present time of nearly 450 patients. Between the years 1839 and 1874 the expenses for building amounted to £9,760. Saint-Venant, beyond all dispute, is the worst public asylum in France.

LXIII.—PUY-DE-DÔME.

In Puy-de-Dôme there is a lunatic asylum belonging to the Brethren of Clermont-Ferrand. Like all the institutions built by the Brethren of Sainte-Marie de l'Assomption, the Clermont asylum is made up of buildings three and four stories high, arranged, without any collective plan, upon a site which is far too small. It appears that the Brethren of Sainte-Marie lose sight of the fact that by the side of the dormitories and common rooms there must be courts large enough to prevent the patients from being closely packed in them, and so arranged that the view from them will not be ruined on all sides by buildings and walls 10 or 12 feet in height. It is highly probable, therefore, that whatever may be done in the future, and in spite of the undeniable improvements introduced in the last few years, this asylum will

never be anything but a mediocre institution. The asylum of Clermont receives all the female paupers of Puy-de-Dôme: men are only admitted provisionally. It also admits a fairly large number of private patients of both sexes.

LXIV.—PYRÉNÉES (BASSES).

There is a fine departmental asylum at Pau. The estate upon which the new asylum has been built is situated 1.24 miles to the east of the town, outside the limits of the town-dues. It contains 10.87 acres upon which the buildings and walls are built, and 46.94 acres under cultivation, a total area of 57.81 acres. The asylum further rents 32.12 acres of ground, situated a mile and a quarter from the asylum. The buildings cost £28,447 16s. 9d. for an average population of 460 patients, sixty of whom are private patients. The cost per bed therefore is only £61 16s. 9d.

In method of construction the Saint-Luc asylum belongs to the system in which the pavilions occupied by patients, and in which are the classified wards, are isolated in some cases, and contiguous in others. This institution, which is situated in the middle of an estate of 56.83 acres, in full view of the Pyrenees, is one of the finest and best in France. The asylum of Pau receives all the lunatics from the Basses-Pyrénées, a fairly large number of private patients charged to their families, and, since 1862, a few lunatics from the Seine.

LXV.—PYRÉNÉES (HAUTES).

There is no special asylum, the lunatics being sent to Pau.

LXVI.—PYRÉNÉES-ORIENTALES.

Here, again, there is no special asylum, lunatics being sent to Limoux (Aude).

LXVII.—RHÔNE.

In this department there are three large asylums, Antiquaille, Bron, and La Guillotière, and several private asylums.

(1) Antiquaille stands in an amphitheatre halfway up the mountain of Fourvières, whence a magnificent view is obtained. The insane ward is entirely distinct from the quarters reserved for patients suffering from cutaneous and syphilitic diseases. We

will not attempt to describe Antiquaille, which, for the matter of that, will soon cease to exist as a lunatic asylum. Made up of contiguous buildings erected without any uniform plan and at different periods, this institution offers decidedly unfavourable conditions as far as its material construction is concerned. Antiquaille only admits pauper lunatics from the Rhône.

(2) The departmental asylum of Bron was built in 1868 upon an estate purchased by the department of the Rhône at an outlay of £10,729 11s., belonging to Mas-des-Tours, in the commune of Bron. It is situated some 50 yards above the low-water mark of the Rhône, 3.10 miles east of Lyons, and nearly three-quarters of a mile west of the little town of Bron. The estate has a superficial area of 92.503 acres. Upon this estate there were only a few trading buildings, in which the contractor established himself with the farmer to whom was deputed the cultivation of the ground which is now unoccupied by any structures. The estate contains ;

Avenue and pavilions for the officials and servants	5.930 acres.
Farm buildings and yards	4.447 "
Asylum properly so-called ; buildings and courts	22.239 "
Land under cultivation	59.887 "
Total	92.503 "

In the asylum of Bron the system of detached pavilions has been adopted, some parallel and others at right angles to the line of the axis, with porticoes and galleries of communication, and with courts exterior to the dwelling-pavilions. It has accommodation for 1,200 patients.

(3) The asylum of Saint-Jean-de-Dieu at La Guillotière is the property of the Brethren Hospitalers of Saint-Jean-de-Dieu. The estate, which is completely walled in, comprises for a population of 840 patients :—

Site of buildings, courts, and yards	6.894 acres.
Poultry-yard	3.764 "
Vineyards, kitchen-garden, and general cultivation	58.529 "
Total	69.187 "

The asylum is made up of a series of blocks of buildings, one

or two stories in height, arranged, some parallel and others at right angles to the axis of the establishment. All the general services and the classified wards have ample room, and consequently the asylum of Saint-Jean-de-Dieu, looked at as a whole, may be considered a good institution.

Besides the institutions of which we have just spoken, the department of the Rhône contains a considerable number of private asylums. The following are the more important of these:—Saint-Joseph at Vaugneray, with accommodation for 100 females; Champvert, with accommodation for seventy patients, male and female; and the asylum of Saint-Vincent-de-Paul, with accommodation for 60 females.

LXVIII.—SAÔNE (HAUTE).

There is no special asylum in this department, the insane being sent to the asylum of Maréville (Meurthe-et-Moselle).

LXIX.—SAÔNE-ET-LOIRE.

Here also there is no special asylum, lunatics being sent to the asylum of Bourg (Ain).

LXX.—SARTHE.

The departmental asylum is situated at Le Mans, 1.24 miles to the south-west of the town. The property, for a population of 445 patients, contains 12.009 acres, covered by the buildings, courts, and yards, and 16.185 acres under cultivation, a total of 28.194 acres. In method of construction the asylum of Le Mans belongs to the system of detached pavilions, in which the classified wards are placed, arranged parallel to one another, and at right angles to the axis of the establishment. Indeed, this asylum was the first in the construction of which this system was adopted. Le Mans, again, has been constantly imitated, and is still one of the best institutions in France.

LXXI AND LXXII.—SAVOIE, AND SAVOIE (HAUTE).

For these two departments there is but one asylum, that of Bassens. The property of the asylum, which cost £5,120, comprises, for a population of 400 patients:—

Buildings, courts, yards, and walks . . .	12.136	acres.
Ground under cultivation	14.088	„
Cemetery, outside the enclosure . . .	.337	„
Total . . .	26.561	„

In this asylum the system has been adopted of detached pavilions, some parallel and others at right angles to the line of the axis, and in this connection Bassens is one of the most successful. In spite of the inadequacy of accommodation and of arable land, in spite of the absence of a pay department, and of the insufficient water-supply, Bassens is, nevertheless, one of the finest asylums in France, and justice compels us to add, one of the best managed. It receives all the pauper lunatics of Savoie and Haute-Savoie, and a few private patients charged to their families.

LXXIII.—SEINE.

The department of the Seine maintains in its asylums hardly as many as three-sevenths of its lunatics, and as the number of patients who have family ties in Paris, added to those who for various reasons cannot be removed to a distance, is considerably in excess of this proportion, it is compelled to send a certain number of them into the provinces. As, moreover, the number of pauper lunatics of the Seine increases annually by 250 or 300, this necessity becomes more and more imperative. We have calculated that the number of beds reserved for pauper lunatics in Paris, and within a radius of 15 or 18 miles, ought to be about 5,000. Now, in their inspection made in 1874, Constans and Lunier only found in the various institutions of the Seine, after deducting a certain number of beds for the movement of the population and the infirmary service, 3,715 beds available, viz. :—At La Salpêtrière, 725 ; Bicêtre, 660 ; Sainte-Anne, and the office of admission, 610 ; Vacluse, 600 ; Ville-Evrard, 620 ; Villejuif, 500. The admission of lunatics into asylums is not effected in Paris as in the other departments. They are placed there by the Prefect of Police in virtue of art. 18 of the law, and all, with the exception of the few who are sent from the hospitals, are obliged to pass through the agency of the Prefecture of Police, from whence they are sent on to the admission office of Sainte-Anne. Voluntary admissions are never made there, neither directly by families, nor indirectly upon the authority of the Prefect's administration, in virtue of art. 25 of the law of

1838. We will now say a few words upon the various institutions into which the pauper lunatics of the department of the Seine are admitted at the present time.

(1) *La Salpêtrière.*

La Salpêtrière has an area of 76.601 acres. In 1862 the division for insane females, which occupies the most remote portions of the institution, was divided as follows:—

First, or Rambuteau ward	. . . .	187 beds.
Second, or Esquirol ward	. . . .	320 „
Third, or Sainte-Laure ward	. . . .	271 „
Fourth, or Pariset ward	. . . .	332 „
Fifth, or Pinel ward	. . . .	231 „
Total		1341 „

The third ward also contained the epileptic women who were not insane, for whose treatment eighty beds were set apart. In 1872 the Sainte-Laure ward was abolished, and the sane epileptics, whom it contained, thenceforward formed a distinct section entrusted to the charge of one of the infirmary doctors, the rest being placed in the second ward. From that time there only remained at La Salpêtrière four wards, and four heads of service. In 1874 the actual accommodation was as follows:—

First, or Rambuteau ward	. . . .	190 beds.
Second, or Esquirol ward	. . . .	155 „
Third, or Pariset ward	. . . .	200 „
Fourth, or Pinel ward	. . . .	100 „
Total		645 „

We may add that in spite of the improvements introduced in these wards during the last thirty years, and the excellent features to be met with in them, and particularly in the Rambuteau ward, the material construction, regarded as a whole, answers its purpose very imperfectly, and they are inferior in this respect to second-rate, and even third-rate provincial institutions.

(2) *Bicêtre.*

In 1874 the actual accommodation in the wards of Bicêtre was 673 beds, distributed as follows:—

First section	. . . . .	224	beds.
Second section	. . . . .	189	"
Third section	{ Imbeciles and epileptics	172	} 264 "
	{ Adult imbeciles	72	
	{ Imbecile children	20	
La Sûreté	. . . . .	34	"
Total		711	"

The material construction, and administrative and medical organisation, show almost the same desiderata as at La Salpêtrière and call for the same remarks. We may say one word, however, about the "security ward", the only one of the kind in France. It is completely isolated, semicircular in shape, and on the ground-floor only. Its arrangement is very simple. In the centre is a private room for the head-superintendent, and around this is a broad gallery in which the superintendents stay. Outside this again are covered courts or common rooms, divided into five fairly spacious compartments lighted from the roof. Four of these courts each give access to six cells. Into the fifth, two dormitories open, containing five beds each, one dormitory serving as an infirmary. The common rooms are closed on the side of the gallery of supervision by iron bars. The cells, which are floored, and lighted by low narrow windows, are separated from the common rooms by wooden bars, but from one another only by partitions, also made of wood. Narrow passages lead from the common rooms to an open-air court surrounding the whole edifice and enclosed itself by a circular wall about 13 feet high.

(3) *Sainte-Anne.*

The asylum of Sainte-Anne was opened on the 1st of May 1867. Situated in the faubourg Saint-Jacques, to the south of Paris, between the old boundary wall of the town-dues, since abolished, and the fortifications, the institution is isolated on all sides by recently-opened streets. Unfortunately, however, this isolation is not enough; several of the courts, particularly on the women's side, are overlooked by the workshops of the Sceaux railway, and by several neighbouring houses. According to the complete plan drawn up in 1861, Sainte-Anne was to contain an ordinary asylum, intended more especially for a clinic of mental diseases, and also an office for admission and distribution. As a matter of fact, it is only different from the other asylums of the

Seine in its medico-administrative organisation, and its intramural position. As for the office of admission, it has hitherto been merely a distributing office, and it will continue to be so as long as the insane can only be admitted after having passed through the agency of the Prefecture of Police, which, practically, is the office of admission. We have already given our opinion of this arrangement. The property of Sainte-Anne comprises:—

Site of buildings, courts, and yards . . .	25.599 acres.
Grounds set apart for cultivation . . .	8.994 „
Grounds outside the enclosure . . .	2.471 „
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Total . . .	37.064 „

The central office, or examining and distributing office, comprises:—in front, a block of buildings one story high, 272 feet long, with a central pavilion, and corner pavilions two stories high, forming the front building; behind, a little cellular ward, connected with the principal building by two covered galleries open at the sides, running down each side of a wing with no upper story, which juts out in the rear of the principal building, in which an amphitheatre has been arranged for clinical consultations. The buildings of the asylum of Sainte-Anne, properly speaking, form altogether a rectangle 705 feet wide by 639 feet deep. The two cellular wards, the laundry, workshops, stables, wood-house, and water-tower, are placed outside this circumference. The asylum faces east. Upon the line of the axis will be found:

(i) The administration buildings, three stories high, occupied by the porter's lodge and the quarters of the director, the two ward medical superintendents, the bursar, and a certain number of under-officers.

(ii) 245 yards distant, the building for the general services, of the same length as the former, but of greater depth, and containing:—

- (a) In the basement and ground-floor, the steam-boiler, kitchen and offices, dispensary, director's and bursar's offices, private rooms for the two medical superintendents, the matron and head attendant, and the steward's stores.
- (b) In the two upper floors, the combination-room, the quarters of the chief dispenser, and the resident pupils, the wardrobe, linen-room, and library. All these services have

ample accommodation, with the single exception of the kitchen, which is badly situated, and ought to be completely isolated. This building for the general services is too far away from the entrance to the asylum.

(iii) The chapel, about 100 yards from the last-mentioned pavilion.

(iv) A little farther away, again, the mortuary and room for *post-mortem* examinations, which are not in keeping with the importance of the asylum.

(v) Lastly, still upon the same line, but outside the surrounding road, the water-tower and the laundry.

The workshops and stables lie to the right of the entrance of the asylum.

The day and night rooms are situated in fourteen pavilions, seven for each sex, arranged symmetrically upon each side of the axis of the establishment. There are only 570 beds at Sainte-Anne, inclusive even of those in the infirmary. In 1874 the asylum of Sainte-Anne, including the office of admission, had already cost nearly £360,000, divided as follows :—

Purchase of land and compensation for		
eviction	£114,336	16 0
Building	209,748	0 0
Furniture	35,720	0 0
Total		£359,804 16 0

If, therefore, it be admitted that 616 patients is the average population of the asylum, the cost per bed for "buildings will amount to £340 9s. 7d., for furniture to £58, and for everything except the expenses for purchase of land, to £584.

(4) *Ville-Evrard.*

Ville-Evrard is situated nearly 10 miles east of Paris, in the commune of Neuilly-sur-Marne, about 1,600 yards from the little town, and rather more than $3\frac{1}{2}$ miles from the station of Nogent-sur-Marne, on the Vincennes railway. The property of Ville-Evrard is made up of two distinct portions, the first of which is situated between the high-road from Paris to Strasburg, and the lateral canal to the Marne, and has a superficial area of 202 acres distributed as follows :—

Site of the asylum, properly speaking, buildings, and courts	12.355 acres.
Site of the pay-department, buildings, and courts	10.526 „
Site of the farm, yards, and out-houses . . .	1.803 „
Marsh land that cannot be cultivated . . .	7.413 „
Park, walks, and surrounding roads . . .	66.717 „
Land cultivated by the asylum	103.782 „
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Total	202.596 „

Ville-Evrard comprises the asylum, properly so called, reserved for lunatics “*du régime commun*”, and the pay-department, recently built for patients paying an annual rate varying from £36 to £96. It has accommodation for 600 patients, and is one of the best asylums belonging to the department of the Seine.

(5) *Villejuif.*

This establishment, which was commenced in 1882, and of which a portion was provisionally opened on 1st April 1884, to receive women, was completed at the beginning of 1890. The total area of its grounds enclosed by walls is about 20 hectares, of which the buildings and yards cover about 12 hectares. The remainder is devoted to gardens and to the cultivation of vegetables, etc. The cost of construction amounted to 9,910,000 francs, and the furniture and fittings cost 1,390,000 francs.

Accommodation is provided for about 1,400 persons, namely :—men, 600 ; women, 600 ; attendants, etc., 200. The administrative and medical staff consists of an administrative director, two medical superintendents (one for the men’s and the other for the women’s division), one chief dispenser, and six resident practitioners (four physicians and two chemists). The general council, at their meeting in December 1890, authorised the appointment of two assistant physicians as from 1st July 1891.

This asylum, built on an elevated plateau, is surrounded by the best hygienic conditions. Its quarters are airy, well lighted, and well ventilated.

In the dormitories are lavatories, marble tables with enamelled basins—seven for every twenty-six beds. The baths are well arranged, and fitted with all the most improved apparatus.

In the quarters of the violent and dirty, as in the infirmaries, there are also bath-rooms. This innovation, which is due to the

initiative of the physicians, is very advantageous. It obviates the necessity of taking the violent a considerable distance to the baths, as is the case in some asylums, and thus removes a source of occasional disturbance. Provision is also made for more conveniently cleansing the feeble bed-ridden patients.

In the infirmaries, treatment baths can be given without necessitating the removal of the sick from their quarters, or even from their rooms.

The amphitheatre is very large and airy; so also is the mortuary. In the same building are three well-fitted laboratories—one for each chief medical officer, and one for the resident practitioners. In the vicinity is a photographic studio. This block, containing the amphitheatre and laboratories, is one of the best of the kind to be found in Paris.

There is also a disinfecting stove for linen, clothing, etc.

(6) *Vaucluse.*

The asylum of Vaucluse, opened on the 25th of January 1869, is situated in the commune of Epinay-sur-Orge, about a mile and a half from the station of that name on the Orleans line. The estate comprises :—

Site of the asylum, properly speaking, buildings and courts	14.331 acres.
Site of the colony, properly speaking, buildings and courts	2.727 „
Grounds reserved for the colony, outside the building site	27.873 „
Other grounds worked by the asylum	123.617 „
Timber, coppices, and fallow, rented	37.347 „
Land rented	18.431 „
Total	224.326 „

In material organisation, Vaucluse is very like Ville-Evrard, but it differs from it in that all the pavilions are at right angles, instead of being parallel to the axis of the establishment. At Vaucluse, moreover, of the twelve large pavilions occupied by the patients (six for each sex), only four on each side are semi-detached, the other two being wholly detached. As at Sainte-Anne and Ville-Evrard, the cellular wards are placed at the end of a transverse line passing through the centre of the pavilion of the general services. The site upon which it stands is

a very decided slope, and the consequence is that the buildings are, as it were, in tiers, as at Charenton, but in a much less degree. This arrangement, which is a happy one in some respects, particularly as regards the view, has several serious objections where the service is involved. In many places, indeed, the slope is too steep for hand-rails to be at all sufficient, and almost everywhere stairs have had to be made, which complicates the service to an extraordinary extent. It was extremely difficult to devise any other arrangement in the site selected. After deducting the beds occupied by the staff of superintendence, there is accommodation at Vacluse for 290 persons of each sex, or a total of 580, and, setting apart some of these for movement of population and the infirmary, the accommodation is for 560 patients.

(7) *Charenton.*

There would be a great deal to say about the site chosen for the rebuilding of the institution of Charenton, and of the method adopted. The plan drawn by Esquirol was excellent in conception, but it has not been strictly adhered to upon all points, particularly with regard to the juxtaposition of the occupied pavilions, which Esquirol never would acknowledge. On the men's side there are eleven divisions or classified wards; but as three of these are provisionally occupied by females, eight only are reserved for the men; viz.:—1st division, quiet patients and convalescents; 2nd division, patients under treatment; 3rd division, semi-tranquil patients and cases of dementia; 4th division, quiet chronic cases; 5th division, dirty patients; 6th division, infirmary cases; 7th division, epileptics; and 8th division, violent maniacs. These eight divisions, and the three actually occupied by women, are built in an amphitheatre on varying plans and of different heights. The first five divisions on the lower level have a ground-floor and one upper floor; the sixth is in the first floor above the fifth, and in the building which connects the two great lines of edifices with one another. The others, which are on the higher level, have a ground-floor only, with the exception, however, of the eleventh, which last is situated to the left of the chapel, and to the rear of the second line of buildings, and has both a ground-floor and an upper story. All the divisions are in close juxtaposition, forming together two long parallel lines following the line of the slope, and at right angles to the axis of the establishment. The occupied pavilions in each division form three sides of a rectangle,

enclosed on the south by a sunk fence only, behind a portico communicating with a covered gallery, open at the sides, which runs along the other three sides of the rectangle. The lateral wings throughout are on the ground-floor only. Each division has day-rooms quite distinct from the night-rooms. The former consist of a dining-hall, common-room, and planted court, whence an extensive view is obtained over the valley of the Marne and of the Seine. The night-wards consist, according to the rate paid for maintenance, of dormitories with a lavatory, or of private rooms. In the division for violent maniacs there are twenty-four cells, and also three security-boxes, arranged at the end of a small court; but these latter are practically never employed. The cells, which have low windows protected by iron cross-bars and double shutters, are only moderately built. Charenton only admits lunatics whose maintenance is wholly paid for either by their families or the State, in the shape of shares and half-shares. Since 1856 the rates of maintenance have been £36, £48, and £60 a year. The asylum of Charenton has the rights of a civil person, with power to acquire and possess. Classed by the royal ordinance of the 21st of February 1841 among the general charitable institutions, it is administered, under the authority of the Minister of the Interior, by a responsible director, assisted by a consulting committee. The superficial area of Charenton is 35.925 acres, and in 1867 the value of the grounds and buildings amounted to £169,156 8s.

Private Asylums.

The following is a list of the principal private asylums:—The Esquirol asylum, originally in the Rue de Buffon, but subsequently at Ivry, opened in 1799; the Bommenain asylum, Rue de la Glacière, founded in 1804; “La maison Blanche”, at Montmartre, subsequently at Passy, opened in 1820; “La maison Falret et Voisin”, at Vanves, founded in 1822; “La maison Saint-James”, at Chaillot, removed to Neuilly, opened in 1829; the Reddon asylum, at the Villa Penthièvre, Sceaux, founded in 1867. Lastly, there were three institutions which have ceased to exist—one founded by Madame Delamarche in 1842, at 222, Rue Saint-Dominique, which was closed in 1858; the asylum founded in 1825 by Florent Pinel, at 9, Longue-Avoine, and expropriated in 1867; and, thirdly, the one established at 94, Rue de Lourcine by M. Faultrier, which has admitted no lunatics since 1861. At

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the present time, therefore, there are but eleven asylums in the department of the Seine, six in Paris itself, and five in the neighbourhood, at Saint-Mandé, Ivry, Vanves, Neuilly, and Sceaux.

The following Table shows the Population of the Private Asylums of the Seine :—

			Males.	Females.	Total.
1st of January 1856	...	...	288	286	574
1st of January 1865	...	...	286	329	615
1st of January 1875	...	...	285	320	605
1st of January 1889	...	...	330	402	732

A twelfth private asylum was opened on the 1st of May 1875, in the Château of Suresnes, by Drs. Bouchereau, Lolliot, and Magnan, and the last one was opened at Epinay in 1889, by Dr. Montribot.

LXXIV.—SEINE INFÉRIEURE.

This department possesses two important asylums, Saint-Yon and Quatre-Mares.

1. The asylum of Saint-Yon is situated in the immediate neighbourhood of Quatre-Mares, in common with which it has most of its economic services. It is built upon an estate of more than 98.84 acres, nearly forty-two of which are covered by the buildings, yards, courts, and pleasure-gardens. In building the new Saint-Yon, the system has been adopted of detached pavilions, connected with one another and with the general services by covered galleries open at the sides. The total cost is estimated at £200,000.

2. Quatre-Mares. In method of construction this asylum belongs to the fourth group, in which the buildings intended to be occupied by the patients are, in some cases, completely isolated, and in others collected together, and almost invariably semi-detached. Quatre-Mares is one of the best asylums in France, and though originally planned for 450 patients, its present capacity is for 750. The property of the asylum is about 158.144 acres, nearly 24.71 of which form the site of the buildings, courts, and yards. The outlay upon it between 1849 and 1874 amounted to £82,412 16s. 0d., accounted for as follows :—

Purchase of land	£12,940	16	0
Buildings	51,840	18	5
Furniture	17,631	1	7
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Total	£82,412	16	0

In the cost of construction we have not included the work done by the patients, and which, at Quatre-Mares especially, represents a very considerable sum.

Between 1852 and 1866 Quatre-Mares received a few patients from the asylum of Eure. At the present time it only receives pauper lunatics from the Seine Inférieure; its pay-ward is one of the most important in France. Only male patients are admitted at Quatre-Mares.

LXXV.—SEINE-ET-MARNE.

This department has no special asylum, its insane being sent to Clermont (Oise). The institution of "Petits-prés" cannot, upon any grounds, be considered a lunatic asylum.

LXXVI.—SÈVRES (DEUX).

There is a departmental asylum at Niort belonging, from method of construction, to the system in which the buildings intended for the patients form only one or two blocks. The asylum of Niort was one of the best planned, and most successful, of the institutions belonging to this group, but, unfortunately, the management, with a view to increase the accommodation, made the grievous mistake of converting into dormitories the wards intended to be used as day-rooms, and from that time Niort ceased to be one of the good asylums of France. The actual accommodation is only for 358 patients, but 398 were confined there in 1875. Instead of placing beds in the common rooms, it would have been far more sensible to build detached pavilions outside the actual area of the asylum, and this appears to be the plan which has been discussed in the last instance. In 1863 a few members of the general council of Deux-Sèvres entertained some idea of repurchasing the Niort quarter, through the department, and of converting it into a departmental asylum, but this plan seems to have been wholly abandoned.

LXXVII.—SOMME.

There is no special asylum here, the insane being sent to Clermont, in the department of Oise.

LXXVIII.—TARN.

There is a departmental asylum at Albi, belonging to the Brethren "du Bon Sauveur". The buildings, in which are the day and night wards for the lunatics, form one continuous whole, with the exception, however, of two pavilions on the ground-floor, one for each sex, in which are placed the dirty patients, violent maniacs, and epileptics. The asylum of Albi, which has been greatly increased and improved in the last ten years, is, on the whole, one of the best private institutions in France which do duty as public asylums. The asylum "du Bon Sauveur" never has admitted pauper lunatics from elsewhere than Tarn. The number of private patients maintained by their families is fairly large.

LXXIX.—TARN-ET-GARONNE.

There is an asylum at Montauban, which is really only an insane ward attached to the almshouse of Saint-Jacques, situated to the north-west of the town. The area of the grounds set apart for the insane ward is 20.165 acres, viz., 9.205 acres covered by the buildings, courts, and yards, and 10.960 acres. The buildings occupied by the insane are arranged symmetrically on each side of the line of axis, ending towards the south-west at the road from Bordeaux to Toulouse. Each section comprises five classified wards, three of which are grouped in a single block, the other two being established in detached pavilions. The insane ward of Montauban has been well planned, and it would have been easy to make it into an excellent special asylum by building for it the general services it lacks, and which it shares with the almshouse.

LXXX.—VAR.

This department has built recently a special asylum, at Pierre-feu, at a short distance from the railway, between the well-known winter resorts of Hyères and Saint-Raphael. The asylum takes only poor insane of both sexes, and can receive about 300 patients.

It has been built on the type of the asylum of Saint-Yon. The cost of construction was £13,000.

LXXXI.—VAUCLUSE

To this department belongs the asylum of Mondevergues, placed in a delightful situation at the foot of a mountain, covered with evergreen oaks, some three miles and a half from Avignon. The superficial area of the institution is 73.436 acres, distributed as follows :—

Site of buildings, courts, and yards	25.500 acres.
Mountain of evergreen oaks	21.003 „
Grounds reserved for cultivation	26.933 „
Total	73.436 „

At the beginning of 1875 the asylum also acquired the Ferrières estate, containing 25.237 acres, thus bringing up to nearly fifty-four acres the ground available for cultivation. In method of construction, Mondevergues belongs to what is known as the radiating type. The asylum is now completed ; but, unfortunately its population is increasing so rapidly, particularly of late years, that it will be compelled to give up the custom of admitting lunatics from the Seine, and before long, also, from one of the three departments with which it has long been connected by agreements, unless it prefers to increase its accommodation by carrying out for some yards several, if not all, of the occupied pavilions. The latter alternative seems to be engrossing consideration.

LXXXII.—VENDÉE.

At La Roche-sur-Yon, La Grimandière, there is a departmental asylum, with a superficial area of 75.218 acres, distributed as follows :—

Buildings, courts, and yards	7.915 acres.
“ Allées d’exploitation ”	3.723 „
Kitchen-garden	7.365 „
Arable and pasture land, meadows, etc. . . .	56.215 „
Total	75.218 „

The asylum of Grimandière, which is built on the lines laid down by Ferrus, is made up of two blocks of main buildings two

stories high, drawn out at right angles to the axis of the establishment, and separated from one another by a service court, in the centre of which a third block is built, extending from front to rear, and containing the offices, quarters for the medical director and the sisters, the chapel, kitchen, and linen-room.

La Roche-sur-Yon was one of the first asylums in which farm labour and market-gardening were organised to any great extent. This institution admits all the pauper lunatics of Vendée, and a certain number of private patients. The departments of the Seine and of Vienne also maintain some patients here.

LXXXIII.—VIENNE.

At the almshouse of Poitiers there is a special insane ward. Its material constitution is truly deplorable, and it can hardly be considered a lunatic asylum at all, but rather an observation ward. It admits pauper lunatics from Vienne; but only females are maintained there, males being received merely as a provisional measure, and, after a certain period of observation, being transferred to the asylum of Niort. The establishment further receives a certain number of private patients charged to their relatives.

LXXXIV.—VIENNE (HAUTE).

There is a departmental asylum at Naugeat, 1.86 miles from Limoges. The superficial area of the estate is 36.59 acres, distributed as follows:—

Asylum, properly speaking, buildings, courts, and yards	10.674 acres.
Farm-buildings and yards . . . . .	.453 "
Laundry and offices	1.504 "
Grounds reserved for cultivation	23.959 "
Total	<hr/> 36.590 "

Excellently planned as a whole, and in a very fine situation, Naugeat is one of the good asylums of France; but, unfortunately, the mistake was made of grouping the linen-room, wardrobe, dispensary and combination room all in one block, and of placing the kitchen above them, and so in 1874 it became necessary to remove the various services into two detached pavilions, parallel to the

line of the axis, and arranged symmetrically to the right and left of this line. Naugeat cost £46,731 12s. 9d. for 392 beds, viz. :—

Purchase of 44 acres of land	£3,120	0	0
Building, including the pay-ward, but exclusive of the work done in 1874-75	38,238	16	9
Furniture	5,372	16	0
Total	£46,731	12	9

The net cost per bed would thus be : for the buildings, £97 12s. 0d.; for the furniture, £13 13s. 6d.; and for the whole, £119 4s. 0d.

LXXXV.—VOSGES.

There is an observation ward at the Epinal hospital; those patients whose stay in an asylum must be prolonged are sent to Maréville. There is also a private asylum at Mattaincourt, with accommodation for twenty-five patients.

LXXXVI.—YONNE.

This department has an asylum situated about half-a-mile to the north of the gate of Auxerre. The superficial area of the property is forty acres, distributed as follows :—

Site of buildings, courts, and yards	13.481	acres.
Market garden	11.663	„
Vineyards	14.608	„
Total	39.752	„

The arable land of the Auxerre Asylum is consequently wholly insufficient, and to increase it is one of the first outlays that must be made. The classified wards are placed in detached pavilions, arranged parallel to one another, and at right angles to the axis of the establishment. In the cellular wards the fan pattern has been adopted, with a court for each cell. In spite of a few shortcomings, the Auxerre Asylum is a good institution. The cost of construction has amounted to £40,000 for 446 beds, the net cost per bed thus being about £96. This asylum admits all the insane of Yonne.

LXXXVII.—ALGÉRIE.

The question of building a lunatic asylum for this colony is under consideration, and in the meantime the insane are sent to the asylum of Aix (Bouches-du-Rhône).



CHAPTER IX.

GERMANY.



HERE is a growing indisposition in Germany to call lunatics, lunatics ; and asylums, asylums. Looking back some centuries, these institutions were called by yet more forbidding names, and the sad associations of those times still cling to the establishments which have succeeded them. In the sixteenth century the insane were shut up in prisons, chained to their beds, or left incarcerated in some dungeon unheeded, and almost uncared for, until death released them. At that period establishments for these unfortunates were properly called prison-asylums, or asylum-prisons, where the victims of mental disease and criminals were put together, the duty which the State had to perform towards them being confined to keeping them out of harm's way. Even private lunatics were kept in stocks at home, or in the houses of persons whose occupation it was to take charge of the insane ; and stocks were always ready for setting up in the rooms of private houses. During the two following centuries there was a change for the better. Though the insane continued under restraint in prisons, there was a degree of separation of them from criminals, and in many parts of Germany special accommodation, such as it was, began to be provided. It was often in hospital premises, as at Coblenz and Strassburg, that they were placed, or in madhouses—a new name, which succeeded prison-asylum, and is hardly less ominous in signification—one of the earliest of which was at Frankfort-on-the-Main.

It is not wonderful that there should be in the minds of the public a traditional horror of these names and all their associations.

Public opinion has always connected a stigma with insanity. The malady is a terrible one, and it is matter of common knowledge and observation that when one member of a family has become affected, other members as well have often suffered later. A disease worse than the plague has entered the house; it has placed one of the circle outside the pale of the living, and threatens those who remain. This feeling of alarm is not lessened by a contemplation of the madhouse, its inmates, and its histories. Nor is it lessened by the stern intervention of the law with all its formality. One result has been the reluctance of parents and guardians to acknowledge the presence of lunacy in their circle, not only for their own sakes, but for that of their descendants; another has been to invest madhouses, lunacy laws, and all connected with them, with a feeling of horror on the part of the individuals which may have lamentable consequences.

But it is not to deceive the public by sleight of hand into complacency with the lunacy system that the leaders of German psychological medicine have done away with the term madhouse, just as their predecessors gave up the designation prison-asylum. The advance of science has robbed insanity of a whole host of superstitious surroundings which were inseparably connected with the very names of lunacy, madhouse, and even asylum. Those eminent men, whose province it is to undertake the custody and treatment of persons of unsound mind, no longer speak of lunatics, and have even discarded the word asylum, which retained much of the old evil significance in our own century. They call their science *Psychiatry*; the disease which is its subject-matter, a derangement of the nervous system or mind; and the establishments which are placed at their disposal for the treatment of their patients, institutions for the care and cure of those who are mentally infirm.

This is not the place to discuss their claims as against those of officers of the law, who are so often called upon to adjudicate in matters of this nature, nor the question whether the public is right to place its confidence in the doctor or the lawyer. Medical extremists hold that they alone have a knowledge of the disease in question, that the frequent intervention of the State entails great expense, takes up the time of medical superintendents when they ought to devote all their energies to the claims of their patients, that the German law at present in force is a relic of former times and ought to be permitted to lapse, and that legal formalities tend at the

outset to alarm the public, and render them suspicious of institutions in which they ought to have implicit trust. An asylum ought to be without superstitious fear for the public. It ought to be viewed by them without prejudice. If it is to exert its full degree of usefulness, society and patients must regard it with confidence and hope: principally for the reason that they may take advantage of its benefits at as early a period as possible.

Medical superintendents are always impressing upon the representatives of those who are afflicted with unsoundness of mind, that the earlier asylum treatment is commenced the greater is the prospect of cure. The following facts it is argued render this sufficiently evident. The report of the Eichberg Asylum for 1887-88 states that 175 per cent. of the cures were in cases where the disease had declared itself within, at most, three months of admission, while, of cases over six months' old, only 7.7 per cent. recovered; that of Stephansfeld-Hördt, in Elsass, for 1888-89, that where the duration of the disease was under six months, 27.6 per cent., and where over six months, 7.1 per cent. got better; and that of Neustadt, in West Prussia, for 1888-89, where the admissions were 105, that only twenty-six were discharged cured, of whom twenty-one were under six months' standing, five under a year's, and only four after a stay of a year in the asylum.

Now, lunacy experts know that admission to asylums may greatly improve the recovery-rate of asylums without insanity being any more rapidly or frequently cured. The earlier the cases are, the larger recovery rate they must yield. So asylum statisticians see the force of an analogous mode of reasoning when the death-rate is dealt with. They then say the admission of recent cases brings a larger number of acute and fatal cases, and thus raises the death-rate. This is true. But it is inconsistent to give the credit to asylum treatment of the increased recovery-rate caused by early admission, and not to blame asylum treatment for an increased death-rate. Most authorities now agree, no doubt in spite of what is here said, that recoveries have been occasioned by early asylum treatment, and that it is a desirable thing. Nevertheless, we desire to enter a *caveat* against it being supposed to be proved by statistics as is usually stated.

There cannot be any question of the reasonableness of the nomenclature proposed by German psychological doctors from the scientific point of view. Insanity is a disease of the brain, just as

consumption is a disease of the lungs ; and, passing to the subordinate divisions of the nervous system under abnormal conditions, there are a host of less serious disorders—including hysteria, hypochondria, and morbid conditions of anxiety and doubt. All of these, whether constituting the so-called neuroses, imbecility, idiocy, cretinism, lunacy, and mania, whether functional or organic, cannot be clearly separated from each other, and are all proper in a majority of cases for institutional treatment. They represent unsoundness of mind, taken in its widest sense, inclusive of its most doubtful and temporary varieties, as well as its undoubted and permanent manifestations. They are all diseases of the brain, or central nervous system. But they differ widely in gravity, some being functional, dependent upon transient causes, others organic, and in the majority of cases destined to become permanent. Many of them are suitable for treatment at home, or with a change of surroundings, many in cure-institutions, hydro-pathics, or spas, and with this reference we dismiss them all ; for it is our duty now to pass on to those serious forms which involve more or less permanent loss of reason, and the institutions which have been established for sufferers.

Here, again, German science would discard the name institution for the insane, and would call asylums establishments for the cure or care of psychical patients. The discussion will not be prolonged here. This work cannot discard the old terms insane, lunatic, imbecile, idiot, asylum, the signification of which is well understood, however reverently it may regard a nomenclature which has the support of the most scientific and crude practitioners of medicine in Europe.

CLASSIFICATION OF ASYLUMS.

Lunacy was long regarded as an incurable disease by the public, and as for medical men, they seldom treated it, and regarded it as incurable too. But, with the advent of the nineteenth century, opinion changed, and, as the successes of treatment multiplied, and were more and more recognised, the old superstition passed away.

It is not to be gainsaid that there is a distinction between curable and incurable cases. With the former must be grouped a large number of nervous cases which present all the features of insanity, but are only functional after all—cases induced by some obvious cause, such as drink in men, and childbirth in women, which may be expected to recover so soon as the exciting cause is

removed, and recent cases in individuals without hereditary history and with youth on their side. Upon the other hand, among the incurable are congenital cases of idiocy and cretinism, long-standing cases, whether of mania or of mania accompanied by epilepsy, where the patient has fallen into a condition of dementia, and cases accompanied by paralysis. Accordingly, asylums were built upon the criterion of curability, for curable cases; curable cases were admitted, while incurable cases—the idiot, the imbecile, and the hopeless chronic lunatic—were ignored, under the plea that treatment could do nothing for them. Thus originated the purely cure-asylums, or “*Heilanstalten*”, for hopeful cases, such as those of Sonnenstein, Siegburg, and Sachsenberg, where none but these were eligible for admission. But it was perfectly evident that the surplus lunatics could not be left at large, and special institutions—often at great distances from their companion establishments—had to be constructed. Such were the care-asylums, or “*Pflegeanstalten*” of Pforzheim and Bunzlau. Moreover, the disadvantages of this system, depending upon difficulties of diagnosis and transference, forced themselves upon the attention of all concerned, so that soon partially mixed institutions, such as those of Halle and Illenau, and then institutions for the reception of curables and incurables indifferently, came to be erected. Such are the majority of asylums at present existing in Germany, and they may be termed mixed-asylums, or “*Heil-und Pflegeanstalten*”.

Of forty-seven independent public asylums in Prussia—that is, of asylums under the control of public bodies, quite independent of hospitals, workhouses, and infirmaries—in the year 1886, seven are returned as care-asylums, the majority as mixed-asylums, and only one—that of Marburg—as a purely cure-asylum. Taking asylum departments of workhouses, infirmaries, and hospitals, the preponderance of institutions for incurables is equally marked, and it obtains throughout the list of private asylums. Nor is this to be wondered at. Hardly 25 per cent. of patients admitted are ever discharged cured. The bulk become chronic lunatics, and as the bodily health may remain comparatively unimpaired when the mind has been totally ruined, the tendency is for an accumulation of incurable cases to result.

This was the classification ordered by a circular of the Minister of Public Worship, Instruction, and Medicine for Prussia, issued October 9, 1852, for the collection of asylum statistics, which remained in force in 1880. There were the three classes—Cure, Mixed, and Care—each being subdivided into public and private

asylums, amounting to six classes in all. Moreover, in a paper read before the Society of German Medical Superintendents of Asylums, and others, by Professor Mendel of the University of Berlin, this subdivision was enforced upon the following five grounds :—

(1) Because, through general overcrowding, the admission of curable cases is too long delayed ; (2) because the medical and economic superintendence of so many incurables renders it impossible for the medical men to devote adequate attention to the curable inmates ; (3) because incurables do not need such costly erections as curables, but will do well in “care-institutions”, with farmsteads attached ; (4) because the juxtaposition of curables and incurables exercises a prejudicial influence upon the former ; and (5) because families will entrust their afflicted members at an earlier period to institutions where a prospect of cure is held out.

This was in 1885, and, two years later, in 1887, Langermann held the same view, maintaining that there ought to be the following three classes of institutions :—(1) Cure-Asylums, where almost all the insane might be brought for cure or the attempt at cure, except chronics and some few other cases. (2) Workhouses, where those who had undergone partial cure might be employed and treated—cases, namely, too feeble to be allowed to go about at large without risk of relapse. (3) Care-Asylums for incurables, fitted, however, with adequate arrangements for treatment, since no case can be declared absolutely hopeless ; and also in view of the fact that suitable treatment tends much to the amelioration of the condition of the least curable.

These reasons are thoroughly satisfactory, and the practical arrangements of asylums very largely correspond with them. It is probable that incurables will be very largely separated in distinct institutions, and, where that cannot be done, in two departments of the same institution. The great Berlin Asylum at Dalldorf has, for instance, 600 beds for curables and 600 beds for the infirm and incurable in the same establishment, but under two medical superintendents, and occupying different buildings ; and, in institutions in which the arrangements are not so complete, the various varieties of patients—curables and incurables, quiet and noisy—are lodged in independent blocks, pavilions, or departments.

This is essentially a scientific classification, and the facts upon which it is based can be properly appreciated only by medical

men. A practical classification, appealing to that large and influential class who form the governing bodies of these institutions or who have legal relations with insanity, as well as to the public at large, is dependent upon governmental divisions where asylums are located, and upon financial considerations of maintenance.

Besides Prussia, the overshadowing State with two-thirds of the total population of Germany within its boundaries, there are the kingdoms of Bavaria, Saxony, Wurtemberg, and the Grand-Duchy of Baden. Then there are the minor States, twenty-one in number, which complete the German Empire. These latter are small in area, and with populations often not exceeding that of a moderate-sized town. For instance, the Principedom of Schwarzburg-Rudolstadt only numbers 85,000 inhabitants, and even the Grand-Duchy of Oldenburg has no more than 340,000. Six of these States possess no asylum of their own, but are compelled to depend upon their more powerful and wealthy neighbours. They are the following, their populations being enclosed within brackets:—Reuss younger line (110,000), Schwarzburg-Rudolstadt (85,000), Schwarzburg-Sondershausen (75,000), Waldeck (57,000), Reuss (elder line) (55,000), and Schaumburg-Lippe (37,000).

The asylums in the remaining and more important States are in the first place either public or private. The latter are in the proprietorship or incumbency of private persons who have obtained concessions from Government, and whose institutions continue to be inspected by Government. They are maintained principally by the payments of patients, or of their friends, or by subscriptions from the benevolent. They are all registered, and in this fact lies the best guarantee against their misapplication for purposes of gain. There has been a rapid increase in their number during recent years. Thus, while there were in Prussia, in 1852, nineteen private asylums, in 1872 the number was forty-eight, and in 1886 eighty-six; for the German Empire, the total was 117 in 1880. The accommodation is usually limited. The Prussian establishments in 1886 gave an average of nearly fifty-eight beds; there were sixteen in all with over 100 beds. The largest is that of the Alexanier Brethren in Aix-la-Chapelle, with 310 beds. Curiously enough, of the six private asylums in the county of Düsseldorf, five possessed more than 100 beds; and the average number of beds for them all was 143.

The Government, of course, has nothing to do with the institution, except to license it, and exercise periodical supervision.

The medical superintendent is frequently the proprietor as well ; where a society is the incumbent, it appoints officers to the institution. There are cases where clergymen have been the founders. An instance is the St. Joseph's Institution for cretins near Rheinfelden, founded by Pastors Rolfus and Dauner in 1879, who continue in the directorate. Sisters of Charity look after the institution, devoting themselves to children, whether Catholic or Protestant, and of either sex. In the case of the Alexanier Asylum, Aix-la-Chapelle, already referred to, where men and also idiot and imbecile children are received, the President of the Brethren and the two medical men form the directorate. The rest of the staff consists of twenty-eight brethren of the Order, and seven probationers, all of whom are lay.

The patients who seek these asylums are, in the first place, members of the upper, educated, and well-to-do classes. Their privacy, as compared with the publicity of the large public asylums, determines their choice. Charges are correspondingly high. Thus, at Rellingen, in Schleswig, an asylum was opened, with a concession from the Crown, for gentlemen of the upper classes, and the charge per month varies from £9 to £15. But the estate was once a gentleman's seat, there are extensive parks and grounds, and every elegance of household arrangement. The railway-station is at a distance of fifteen minutes. It may be mentioned that the local medical officer acts as physician. The charges are still higher at the Johannesburg private institution for nervous diseases, including chronic mental disease, and convalescents. Dr. Hecker is at once proprietor and director. The railway station is at a distance of twenty minutes. The grounds cover six acres and more. The charges are £12 10s. to £25 a month.

There appears to be a tendency upon the part of the authorities of public asylums to increase their accommodation for patients of the humbler classes, while, possibly, those who are better off are more and more giving the preference to private asylums. Thus, at Merzig, the first and second classes of paying patients, of whom more will be said hereafter, have been done away with to make room for a great increase of the fourth class ; and the new asylum for the province of Brandenburg is not to receive paying patients. But in many cases these private asylums receive the poorest and the meanest, transferred to them from public asylums which are overcrowded. When the Neckermünde Asylum in Pomerania, constructed for 250 patients, actually contained 440, eighty-five

were taken over by the Stettin private asylum, Bergquell. Again, when the Brandenburg provincial asylums could no longer meet the demands made upon them, arrangements were completed with Dr. Edel in Charlottenburg, and Dr. Richter in Pankow, both proprietors of private institutions, to receive, the former twelve and the latter fifty patients, at a uniform charge of 2s. per head per day. The total number of patients in all the private asylums of Prussia in 1886 was 4,966. In 1880, the number for all Germany was 7,063, with 146 medical officers, or one to forty-eight patients; for Prussia 4,332, with 102 medical officers, or one to forty-two patients.

Secondly, there are public asylums: public, in the sense that they are erected at the instance of the Crown or some public body, are controlled by the public authorities, and maintained by public funds or payments of patients. For they are not public in the sense that they only admit paupers, paying patients being likewise in most cases received. There are not inconsiderable pension departments for private patients in the asylums of Leubus, Illenau, and Werneck.

These public establishments for the insane admit of subdivision into three primary classes:—(i) Crown or State, where they are under the control of the Crown, represented by the Ministry of the Interior, including the Charité of Berlin, and the three asylums of the Kingdom of Wurtemberg; (ii) provincial, county, or district, where they are directed by the provincial parliaments or councils, analogous to our English County Councils, such as the Neustadt Asylum, West Prussia, the Bonn Asylum in the county of Cologne, and the Erlangen District Asylum in Bavaria; and (iii) borough, communal, or municipal asylums, directed by borough councils, or their delegates, such as the Dalldorf Asylum, Berlin, and the Munich Asylum in Bavaria. They are distributed throughout the whole length and breadth of the Empire; from Pomerania and Posen to Elsass-Lothringen (Alsace-Lorraine), and from Schleswig, on the confines of Denmark, to Illenau, not far from Switzerland.

A distinction remains to be drawn between public asylums which are independent, standing alone as asylums, without connection with any other institution, whether infirmary, workhouse, or hospital, and those which merely form a department in some other establishment for the sick and infirm, and located under the same roof. Sometimes the asylum department is quite subordinate,

as in the Charité Hospital, Berlin, where lunatics only remain until room is found for them at Dalldorf; sometimes it is the hospital which is subordinate, as for instance at Roda, where, the report for 1888 informs us, there are 301 beds for lunatics and fifteen for patients suffering from bodily infirmity.

Of the 19,450 asylum beds in Prussia in 1886, no less than 18,149 were independent, leaving only 1,301 in departments of hospitals. The census of December 1st, 1885, showed that there were in Prussia two university clinics under the Crown, viz.: those of Berlin and Halle; the various parishes maintained forty-one independent public asylums, besides four asylum departments; six boroughs were in possession of independent asylums; twenty-one had asylum departments; while there were thirty-one benevolent institutions—mostly for idiots—in the incumbency of religious bodies or societies; and sixty-eight private asylums, of which twenty-seven belonged to medical men, and forty-one to private persons.

The clinics of Germany, which are all in connection with universities, and for imparting clinical instruction in the various departments of medicine and surgery to the students who attend these seats of learning, have almost all representatives in the domain of mental disease. The oldest clinic of psychical or psychological medicine is in connection with the Department for the Insane in the Charité or General Hospital in Berlin. It was founded in 1832, the year in which Sir Charles Bell died—a year always memorable in the history of nervous diseases and insanity, for it was the discovery of the functions of sensory and motor nerves which may be said to have laid the foundation of all our knowledge of these complaints. Its purpose was, in the words of Ideler, its founder, “to offer a practical course in the whole region of the emotions, which have their representatives in single diseases of the mind throughout all their innumerable modifications.” But rudimentary instruction had been imparted long before this time by Horn, who made a great advance over his predecessors, by showing that insanity was often dependent upon bodily disease, and that it became cured so soon as that disease was removed. It is curious to read that Ideler was a believer in treatment by douches. Griesinger was appointed his successor in 1865. He introduced throughout the whole institution the non-restraint system, thus giving the department an entirely new character, and at his wish a second clinic for nervous diseases

was established. Unfortunately, the convenience of the arrangements in the Berlin clinic leaves much to be desired. Frequently there is overcrowding with patients who are suffering from delirium tremens, and the evil has only been partially obviated by the erection of an isolation block. Moreover, the various rooms are very unsuitable for purposes of instruction, having been destined for quite other uses.

There are, besides, six other clinics in Prussia, attended by 173 students in 1886, including the seventh in connection with the Charité. This number may appear small when taken in connection with all the medical students in attendance at these universities, numbering almost 3,000. It must not, however, be forgotten that the latter number includes all the medical students, belonging to the four or five medical years, in residence, pursuing their scientific, as well as their professional, studies. At any rate, a German medical student must put in a "semester"—six months—of attendance at an asylum clinic about his fourth year.

Such stringency does not obtain in England, nor have we to anything like the same extent professors of psychological medicine, who lecture and impart clinical instruction at all the universities of Germany, and are at the head of the asylums of their clinics as medical superintendents. Nevertheless, Dr. Clouston has a large class as Lecturer on Insanity to the University of Edinburgh, and he has also a considerable attendance at his clinics. There are, besides, similar appointments in other British medical schools.

The professors, being professors of the university, are appointed by the Crown. They appoint their medical assistants, who reside in the asylum. In the university of Strassburg the asylum was originally a department of the General Hospital, which has accommodation for 1,500 or 1,600 patients. It has now, however, been removed to a new building facing the surgical clinic. The ominous bars upon the windows, and the locked doors inside, suggest what the nature of the establishment really is. The sexes are rigidly separated. The day-rooms and night-rooms are in part distinct; in some of the wards there is room for a dozen beds, in others for only three or four. There is only a single story. On the women's side women are in attendance, and on the men's side, men. The heads of the female wards are sisters of mercy of the Order of St. Vincent, and the female attendants under them

might very well have been chosen for their physique. They have not been specially trained.

The open-door system is not in vogue, for the assistant medical officers always carry keys with them, and carefully lock all doors. On the ground-floor there are small padded rooms ; very lofty, and with windows placed high above reach. Outside is a small courtyard, having a tree in the middle, which is also used for maniacal patients. [An English visitor saw a patient tied to a tree similarly placed at one of the German asylums.] There is room for 150 patients, exclusive of an out-patient department. This latter embraces principally nervous cases, which are received at noon in the large lecture-room by the professor, who decides what is to be done for them. The professor has, on the first floor, an apartment for books and preparations where he conducts all his investigations. He delivers a course of lectures upon general and special psychological medicine, directs his clinic, and lectures upon nervous diseases. He determines what patients shall be admitted or discharged, appoints his subordinates, including the two assistant medical officers, and exercises a general superintendence over the institution. Just off the lecture-room is a small office, with all forms of admission and discharge, and for the chronicling of facts concerning the different patients. This central piece includes also a microscopical and chemical work-room for students on the first story, a couple of waiting-rooms downstairs—one on either side of the door—and a small porter's lodge. The two wings are immediately continuous with this, and the ground-floors and stories are upon the same level, so that from the outside the clinic offers one extended front. With all the director's powers and discretions, in virtue of his position of professor in the university, and residing as he does in the town, he must admit the insane of Strassburg, at least for a period, where there is urgency ; for the expenses of food, buildings, and attendance are made up by the town parishes. The very food is supplied from the hospital kitchens, and the dietary is identical with that of the hospital patients. Of course it is desirable, so far as possible in a university clinic, to make a selection of instructive cases for the sake of the students. Chronic cases, incurable cases generally, are not so valuable as nervous cases of disease and curables. The former, then, are very soon removed and transferred to the great provincial asylum for Elsass at Stephansfeld-Hordt.

LUNACY STATISTICS IN GERMANY.

There were estimated to be 42,669 persons of unsound mind in institutions, including public and private asylums, with, of course, university clinics, in the German Empire on January 1st, 1890. No census, however, having been taken since December 1880, this number was based upon medical reports. Of these patients, 34,576 were in public, and 8,093 in private asylums. But this total does not include all the lunatics of the Empire—not to speak of imbeciles and idiots. Very many of the insane are in general hospitals, which do not possess an asylum department. Thus, a circular, issued by the Ministry of Medicine, on March 5, 1889, stated that, according to the official statistics, there were, in 1880, located in institutions which were not asylums at all, 3,496 lunatics, of whom 2,835 were in general hospitals, and the remaining 661 in workhouses, infirmaries, and the like. Refugees, educational establishments, religious establishments, almshouses, and even prisons, contain a certain proportion of lunatics. In Bavaria, on January 1st, 1888, in addition to 3,883 persons of unsound mind, returned from fifteen asylums, public and private, there were 108 in public hospitals, 2 in private hospitals, and 7 in prison infirmaries. Then there remain that large number of cases which never come into an institution of any kind, many of whom in Germany are not even registered, probably amounting in all to as many again. They do not include patients in colonies or in families, properly so called, for both of these institutions depend upon large establishments recognised by the authorities. They embrace persons remaining in their own, or transferred to other families, residing at spas or elsewhere under observation, or undergoing treatment in that whole class of institutions which may be called hydropathics. They include the class of idiots and imbeciles. By the census stipulations of 1871, imbecility was defined to be congenital; so that all persons who had been of weak intellect from birth, or from a very early period in life, were classed as imbeciles, cases of acquired insanity being described as lunatics or insane proper. The lines which separate idiocy from imbecility, and these again from insanity, must always be arbitrary, and reflect as much the degree of development of public opinion on such matters, as the amount of each section of unsoundness or deficiency in mental condition.

In quoting the following figures bearing upon this question we desire to point out that Koch's own figures are as good as any. Those, too, which he quotes as to Prussia and elsewhere from Guttstadt and from official statistics are also good, so far as they go. In considering these and, indeed, all statistics it must not be forgotten, however, that any conclusions drawn from them rest, after all, on the points of view of the various compilers. Koch calculates that there are for every 100 insane persons in Wurtemberg 97 idiots, 158 in Prussia, 154 in Bavaria, and 162 in Saxony. It may be taken that one half of all cases of mental disease belong to the category of idiocy. The chief development of imbecility (idiocy, cretinism) in Germany is in the south and west, where it is far more common than in the north, upon a belt of country extending from Lower Franconia, across Hesse-Nassau and Hanover to Schleswig-Holstein. The geographical distribution of lunacy proper shows great similarity with that of imbecility.

CRIMINAL LUNATICS.

Criminal lunatics are a very troublesome and serious class of cases. Some German institutions decline to receive them at all, as, for example, the large provincial asylum of Alt-Scherbitz in Saxony. There are no criminal asylums proper in Germany, and criminal lunatics have to be distributed among public asylums in general. They have caused recurring difficulties at Dalldorf, and they did so at the Charité of Berlin, long before Dalldorf was thought of. At Schwetz, in West Prussia, in 1888-89 there were thirty-six inmates who had come into conflict with the law 111 times. Between 1877-87 there were in all 446 prisoners transferred to asylums in Prussia by order of the Court, of whom 72 were furnished by Berlin, and 83 by Cologne.

ACCOMMODATION.

Great efforts have been made by the authorities in Germany to meet the growing requirements in asylum accommodation. The question of expense is always an important one, and the maintenance of thousands of insane persons in costly institutions—and these institutions must be costly if they are to satisfy the necessities of modern treatment in convenience, cubic space in wards, and recreation grounds—falls as a heavy burden upon the community. Besides, Germany, in the earlier years of the century,

had fallen far below her requirements, and has had a long leeway to make up. Coincidentally with this state of insufficient preparation for their reception, came a large increase in the demand for admission. Humanitarian treatment had won the confidence of the public; the working of asylums, which were posted in convenient localities, and therefore under the observation of everyone, removed old errors and prejudices, and the advance of medical knowledge with its successes in treatment, made families willing, and even anxious, to entrust their members to cure-asylums.

It is very difficult to secure reliable statistics of the prevalence of lunacy in Germany, of the number of the insane located in public and private institutions, and of the remaining insane, wherever they may be placed. Census returns were taken upon Dec. 1st, 1880, of the whole lunatic population—of asylums, institutions and officers. But the facts, which are known to the authorities, besides being to a certain extent incomplete, do not come to the ears of the public. For certain parts of Germany, including Prussia, Bavaria, and Wurtemberg, facts of a statistical kind are abundant and recent. Unfortunately, for the whole empire it is not so. A leading German Encyclopædia of Medicine, published in 1881, thought it sufficient to give figures for 1871, and in the latest numbers of the *Allgemeine Zeitschrift für Psychiatrie*, statistics are quoted for 1878, and 1880, even in Ministerial circulars. Worse than all, on consulting two different sources of information, the results are too frequently contradictory. The difficulties, accordingly, in presenting a satisfactory account of the probable requirements in the matter of asylum accommodation in Germany will be manifest, and a certain statistical incompleteness will be excused. It would only be possible to offer statistics entirely satisfactory and conclusive by having access to the official reports of the various committees of inspection presented to the Government annually or biennially.

From the most recent documents, it appears to be taken for granted that the authorities ought to provide asylum accommodation for one half of their lunatics, as returned by the census. In the province of Brandenburg 5,685 persons, out of a total population of 2,266,000, or 1 in 398 people, were scheduled in 1880 as of unsound mind. It is therefore assumed that there ought to be asylum accommodation for about 2,850 individuals. As a matter of fact there is accommodation for 2,000, so that room is still required for 850 lunatics. They are to be provided for by an asylum

to contain 600 beds. The new institution is to be of a mixed character, but chiefly for incurable, dangerous, and maniacal patients.

The condition of affairs in Westphalia is reported to be satisfactory, there being three mixed asylums, and one care-asylum, with accommodation for 2,500, one half of all the lunatics in the province, as returned at the last census.

There was an increase of population in Brandenburg from 1871 to 1881 of 11 per cent., and of lunacy of 39 per cent. It must be remembered that this latter augmentation is to some extent apparent, and depends upon greater willingness on the part of the public to give information, more completeness in census arrangements on the part of the authorities, and generally more accurate knowledge of the facts, due to the spread of education and communication. Village facts as well as town secrets are better understood in the days of well-organised police, post-offices, and railways, than when the stage-coach brought passengers and letters only once a week.

No statistics for insane population are more delusive than returns of proportion of asylum inmates to population in different countries. The following list shows the number of asylum inmates per 100,000 persons in the principal lands of Europe:—England, 268; Belgium, 157; France, 134; Holland, 119; Germany, 90; Italy, 61; Norway, 69; Austria, 35. It may be true that in England there are three times as many lunatics in asylums as in Germany; that depends upon the reliability of the statistics. But it by no means follows that there are three times as many insane Englishmen as Germans. It implies only that in England the insane population is very completely isolated in asylums, while comparatively few lunatics remain at large. In Germany, upon the other hand, as has been pointed out already, only one-half of the lunatics of the empire are incarcerated in establishments for the insane. It is, of course, impossible to give an accurate comparison of the numbers of "lunatics not in asylums" in different countries. Such figures must always be estimates. And even when calculated from census returns they only represent the standard (adopted by public opinion in each locality, or by the census enumerators) of mental soundness required to keep a man out of the list of lunatics.

From a purely German point of view it has been assumed theoretically that there are some three lunatics per 1,000 persons living, and the census returns for Prussia in 1880 justify this assumption. There were 66,345 lunatics, showing

a proportion of two-and-a-half per 1,000 inhabitants in that year. It has been further assumed that of these three or two-and-a-half per thousand, one will require asylum treatment. For the same State, in the same year, there were, out of these two-and-a-half, about three-quarters in an asylum, or nearly one in three. Some authorities hold that one-half of all the insane require asylum treatment, and others that it is sufficient to provide accommodation for one-quarter. As has been explained above, one-half is the proportion generally accepted, and this was the case in Brandenburg and Westphalia. The German view here expressed, differs entirely from that which the English statistics would support. It would not have been supported by German figures thirty years ago, and will probably be found at variance with German figures thirty years hence,—variance in the opposite direction.

The total population of the German Empire at the last census, on Dec. 1st, 1885, was, 47,000,000 of people, of whom some 110,000 were persons of unsound mind. On the proportion of one-half there ought to be asylum accommodation for 55,000 inmates. In 1880 there were 100 public and 117 private asylums, with 36,833 patients; and, as stated above, in 1890, there were believed to be 42,669 lunatics in institutions. On the whole these figures show that many suitable cases are not in asylums, and it is to be inferred that accommodation is deficient, and that there is general overcrowding. It is, further, to be inferred from other circumstances that this is most marked in care-asylums, and more marked in mixed-institutions than in cure-asylums.

Of the inmates in asylums on January 1st, 1890—42,669 in all—73 per cent. were suffering from mania, 7.67 from mania and epilepsy, 4.95 from mania and paralysis, 14.13 from imbecility, idiocy, and cretinism, and .44 per cent. from alcoholic mania. The latter disease, in 1886, led to the incarceration of 189 persons in asylums, but of no less than 888 in general hospitals.

There is great difficulty in ascertaining the precise number of beds for the insane in German States; indeed, a paper issued by the Prussian Statistical Office declared that the exact number of beds was not known to them. A return, however, for the German Empire states that there were 40,068 asylum beds in 1880. Taking the population to have been forty-five millions, this shows one bed to 1,123 people. Much more reliance is to be placed on the following statistics, fortunately also of recent date, taken from

official papers issued from the Royal Statistical Offices of Prussia, Bavaria, and Wurtemberg. In Prussia, in 1886, there were 24,416 beds in asylums proper, and an additional 4,690 in establishments for idiots and epileptics. The population of Prussia was 28,300,000, and there would thus be an asylum bed to 1,160 inhabitants, or a bed, over all institutions, to 972 inhabitants.

There were in fifteen asylums of Bavaria, the total number tabulated, 4,316 beds on January 1st, 1888, giving one bed to 1,251 of the population.

In Wurtemberg there were 2,293 beds in 1887 to a population of two millions, or one bed to 872 individuals. Sixteen asylums are enumerated for this kingdom.

OVERCROWDING IN GERMAN ASYLUMS.

That there is general overcrowding in the asylums of Germany is to be inferred *à priori* from many considerations. Many contend that the number of lunatics has increased with advancing civilisation. The aggregation of people in towns, and their removal from the healthy life of the country, the high pressure of business in cities, the multiplication of nervous diseases, the development of a highly strung nervous system, the recourse to all forms of exciting indulgence, principally to intoxicating stimulants, and the struggle for existence—are all facts which have laid the human organism open in modern times to the onset of mental disease. To take alcohol alone, in the years between 1877 and 1882, the alcoholic insane increased from 923 to 1,579, that is, by 71 per cent. Then there is the accumulation of incurables, which has already been alluded to. On the other hand it is difficult to believe that civilisation has much, if anything, to do with an increase in the number of lunatics. So far no serious attempt has ever been made to prove it. To assume that it must be so and then to try to account for the assumed fact is a not uncommon practice. Why has no one attempted to show how much insanity is prevented by the improved conditions of modern life? The “slums”, for instance, of to-day are bad enough, but not so bad as those of thirty years since. We must not forget the diminished anxieties in regard to bodily safety; the outskirts of towns and the rural districts are effectually policed, and no traveller setting out from London to York, or on any similar journey, thinks it natural that he should make his will as he would have done in the last century. The starvation of the poorer classes in the early part of the present century was

appalling. For these and other similar reasons our view inclines to the feeling that the only thing well ascertained is that as civilisation advances we, from philanthropic and other reasons, treat a larger number of persons as lunatics. At any rate civilisation will not be condemned until evidence is forthcoming which is at present conspicuous only from its absence.

Asylum information confirms our surmise. There is a constant inability to admit patients, which can lead to but one inference, that there is a want of room. Two years ago the Provincial asylum, near Lengerich, refused admission to twenty-six cases because of want of accommodation; at the Konigslutter asylum, in Brunswick, forty were waiting, or, as the Germans say, "placed on the list of expectants"; while at Marsberg, in 1888, no less than fifty-four cases were declined admission. These lists of expectants are opened at many establishments.

Then the private asylums, or the workhouses and infirmaries, are called in to relieve the stress. In 1888-89, 110 incurables were transferred from the Stephansfeld-Hordt asylum, in Elsass, to the Bischweiler workhouse hospital. In Hamburg, buildings constructed to accommodate 340 inmates, were crowded with no less than 476, and the amount of cubic space allowed per patient was reduced to 900 cubic feet. Curiously enough, however, where "free places" were offered, as at Eichberg, in Hesse-Nassau, and at Neustadt, in West Prussia, they were not taken full advantage of.

An enumeration of all the hospital reports which complain of overcrowding would fill a chapter. Some instances have been detailed. In 1889 in Schleswig, patients had to be handed over to private institutions; the Munich asylum was built for 280 patients, and this number was exceeded in 1877, but room has since been made for 670 beds; at Merxhausen and Hana, in Kurhesse, where, besides lunatics, the blind and infirm were received, overcrowding soon occurred, and a list of expectants had to be opened; in Wurtemberg, hundreds of pauper patients, who have fallen upon the State for maintenance, are placed in private asylums; and, one other instance, at Oldenburg, in 1886, of 104 cases, 46 were refused admission, 22 were postponed, and only 36 could be taken in at once. And all this in spite of the erection of new asylums; so that whereas in the empire one person in 1,934 was in asylum in 1864, there was one in 1,561 in the year 1874, one in 1,308 in the year 1881, and, it is said, one in 859 recently.

Bavaria, it would appear, is better off than most German States in accommodation for its insane. In the official returns for January 1st, 1888, while the beds numbered 4,316, the patients amounted to no more than 3,883, and with a possible number of 1,575,340 treatment-days,* there were actually 1,255,501. Wurtemberg showed a much less satisfactory state of affairs. In the kingdom, with 1,927 beds in 1883, there had been 2,427 patients; and in 1887, with an increase of beds to 2,293, an increase of inmates to 2,740. The treatment-days, however, gave a more favourable result. In the former year the possible number of treatment-days was 703,355, and 682,293 were actually taken up; in the latter year the numbers were respectively 836,945 and 785,486.

The significance of these numbers is to be explained as follows. A single bed supplies 365 treatment-days, for it may be in use every day in the year for a patient. All the beds then would return numbers as enumerated, and it is clear that all the beds could not have been employed up to their full capacity. That is to say, there were periods of less stress when fewer patients were in the asylum than there was accommodation for, although, when the census was taken, there were 451 patients beyond the normal number of places for them.

EXTENSION OF GERMAN ASYLUMS.

A process of extension is proceeding in every province, and in almost every institution; indeed, it began with the very foundation of the asylums themselves; and not only in the addition of new blocks and wings, and the re-arrangement of wards so as to allow more space for beds, but outside in the grounds and farmsteads. The estate belonging to the Schleswig asylum covered fifty hectares (125 acres) in 1881, and nine hectares (22½ acres) in addition were rented. In 1885 there were sixty-two hectares (155 acres) in the property of the institution, and in 1889 this had increased to sixty-seven hectares (167½ acres). At Stephansfeld-Hordt there has been a similar extension, though to a less degree.

The Johannes Hospital at Marsberg originated in 1812 in a

* The German expression *verpflegungstag*, which has been rendered treatment-day, implies a day during which a patient remained under treatment, and the total number of days is reached by multiplying all the patients by all the days they were severally under treatment.

cloister which was altered for an asylum, with accommodation for 30 patients. In 1835 a new department was added for curables, there having been, as early as 1823, an isolation block with sixteen cells. Overcrowding continued until 1867, when the insane belonging to the Evangelical religious persuasion were transferred to Lengerich. In 1869 there was accommodation for 350, and in 1872, by adapting the management department, further space was made for 65 additional inmates. There is now room for 450.

In Pomerania 1,500 more beds are required, and to meet the wants of the province a new asylum is to be built for 600 inmates. Indigent curables and dangerous patients are to be treated gratis.

The clinic at Leipzig has been enlarged by a new pavilion for infectious and uncleanly patients.

In Bavaria there has been no enlargement of the three asylums—Deggendorff, Klingenmünster, and Erlangen—during the last three years; but a new asylum was erected at Gabersee, the establishment at Karthaus Prüll was reorganised, and that of Werneck had a wing added.

At Düren, in the Rhine Province, where an asylum for 300 patients was opened in 1882, room had to be made for 450 patients, and then new buildings erected so as to accommodate 600.

In connection with the institution at Brieg, in Silesia, new buildings have been undertaken, and in the same province at Breslau in connection with the Allerheiligen Hospital, a new asylum has been added for 200 patients, 167 patients being taken there from the hospital in 1888.

A new care-asylum has been erected in Altona, and thirty-one patients transferred to it from Schleswig.

In Nassau, plans were drawn up for a State Asylum in the old Abbey of Eberbachusen, which had been used as a prison. The census of 1811 returned fifty-four lunatics as requiring admission. Four years later, in 1815, an asylum was opened at Eltvillè, and in 1826 a new block was added for maniacal patients. In 1840 it was determined to build an asylum for curables and incurables, to the number of 200 or 220, at Eichberg, at the cost of £20,000.

Oldenburg, with asylums at Blankenburg and Wehnen, the latter originally only for curables, having latterly become a mixed institution, is expending £21,500 on a new asylum altogether.

In the following brief account of the history of Asylum Extension in Berlin, and in the Grand-Duchy of Baden, a little State with about a million inhabitants, these facts will receive

still further amplification. Berlin, until ten years ago, had a very confused system of lunatic relief. There was the large State hospital, the Charité, with a department for the insane, but its position with reference to the town communes and the municipality, in whose charge these persons fell, was ill-defined, and frequent disputes arose between the Crown and the representatives of the capital. The workhouse and other establishments, public and private, came in for intermittent use, with the result that general uncertainty and irregularity reigned supreme. The many calls upon the German people throughout the recent period of war and political development made it difficult to raise the funds necessary for the completion of plans, long in contemplation, for the construction of a borough asylum somewhere near the city. At length these plans reached maturity, and the asylum at Dalldorf, close to Berlin, was opened for 600 patients, mostly curables, and for 600 infirm and incurable; and later, a subordinate institution for idiots was built upon the grounds of the principal asylum. The Charité, however, continued its department for the insane, partly as a place of temporary utility, in view of the transference of inmates to Dalldorf as soon as there was accommodation, partly as a station of observation for suspected cases brought in by the police, and partly for university purposes: for, the Berlin university clinic for mental diseases was located there, as, indeed, were most of the other clinics. The Charité had 123 beds for the insane, and the number of admissions and cases in 1880 was 1,246. This large proportion of ten cases per bed is explained, when we remember that these patients were shortly passed over to the Dalldorf Asylum.

The only other asylum in the capital was the private one of Dr. Klinsman, with 60 beds and 55 patients in 1880; but a large number of lunatics are handed over by the town to a series of private asylums, at Charlottenburg and Pankow, principally suburbs of Berlin, to the account of the township. The average daily number of patients chargeable to the town was, in 1881, in the Charité and at Dalldorf, 1,092, as against 815 in the previous year; and in private asylums 256, as against 341. In the year ending 1883, the Dalldorf average was 1,123, at a cost of 1s. 9d. per head per day; the average in private asylums 469, at a cost of 1s. 11½d. Of these, 2 were admitted by the Dalldorf Board, 42 were sent by the Poor Board, 584 from the Charité, 12 from other institutions, and 36 returned from leave of absence.

By 1887 the number in public institutions was 2,273, in private asylums 1,005, while 34 were placed in families. The cost had diminished per head at Dalldorf to 1s. 7½*d.*, and in private asylums to 1s. 10*d.*

In the next year there were 1,271 at Dalldorf, and 1,090 in private keeping, of whom 890 were admitted from the Charité. The number in families rose to 50, and an additional 60 were located in a newly-established colony.

In the department for lunatics at Dalldorf, with, it will be recollected, 600 beds, there were 642 cases; of whom ninety-two had been in conflict with the criminal law, and twelve were habitual criminals. In the second department for the infirm, insane, and epileptics, also with 600 beds—400 for lunatics, 200 for epileptics—there were 641 patients. Lastly, in the asylum department for idiots, there were in October 171 cases, and in private care or in the training-schools, a further quota of thirty-two.

The payments on account of patients in private establishments for 371,332 treatment-days were £33,414; the aggregate total expenditure for all establishments being £85,728.

The state of great overcrowding, evident from these figures, caused the authorities to enlarge their accommodation; and, in 1888, at the final meeting of the sub-committee of the Municipal Board for Public Health, the details of the building scheme for a second asylum, to be erected near Lichtenburg, for 1,000 patients, and for an establishment at Bisdorf for 1,000 epileptics, provisionally 600, were agreed upon.

These individuals were to be kept occupied chiefly with gardening. There were to be parks, ornamental grounds, shrubberies, kitchen-gardens, orchards, plantations, and greenhouses. A head-gardener, with two assistants, was to superintend the whole. There was also to be a farmstead, with horses, oxen, poultry, and sties for eighty pigs. The milk-supply was to be brought from an adjacent sewage-farm. Such extensive re-arrangements speak eloquently for the public spirit of the German metropolis, and are a pleasant commentary upon the facts of a century ago.

It must be pointed out that, since the war of 1870, the growth in the population of Berlin has been remarkable. People crowded to the capital from all parts of Germany, in view of the improvements in vogue, and the increased volume of business. No doubt wealth accumulated and prosperity increased; but, as Englishmen know well, there is an invariable accompaniment in poverty,

misery, crime, and disease. The inhabitants of Berlin now number a million and a half.

Baden, though a small and comparatively unimportant State, has, with the consent of its communes, resolved upon a re-organisation and enlargement of its service for the insane. A new central provincial asylum is to be built at Emmendingen for 1,000 patients. There is to be a closed establishment for 200, and a colony on the pattern of Alt-Scherbitz in Saxony. The estimated cost is £200,000, and 200 acres of arable and meadow land are to be in connection. Provision is to be made forthwith for 400 cases, of whom 200 are to be in the central institution. The patients are to be transferred from Illenau and Heidelberg, which are overcrowded with "noisy" inmates, and from Pforzheim. The vacant places will then be open for "expectants". Pforzheim is to be done away with entirely in eight or ten years, when Emmendingen has reached its full capacity of 1,000, and there will then be two asylums at Emmendingen, where epileptics will be taken, and at Illenau; and two university clinics at Heidelberg and Freiburg. The latter university has hitherto been without a mental side, but this defect will now be made good at an expenditure of £35,000, although the little town contains only 40,000 people. Pauper lunatics, it will be gathered, are received primarily into public asylums, and charged to the account of the town or country communes. The amount payable per patient is fixed, and will be fully dealt with under the subject of maintenance. They belong to classes III and IV of the payment scale.

Mention has been made of the fact that the new Brandenburg Asylum is not to receive paying patients, and that at Merzig classes I and II have been done away with to make room for individuals of class IV.

At Grafenberg, in the Rhineland, out of 460-470 inmates, only 100 belong to the better paying classes; there were 137 patients in free places. In Wurtemberg, without counting 900 patients in the three State asylums, there were 500 State lunatics in the two private establishments of Göppingen and Pfullingen. Pauper lunatics from Frankfort on-the-Main are admitted into the Nassau Asylum at Eichberg. These private asylums for pauper lunatics are always to be suspected. Göppingen, for instance, when visited by an English inspector, five years ago, was found to be abominable.

The care of idiots is very largely in the hands of religious

organisations, which take such, whether pauper or not, into a series of private institutions belonging to them. An example is the Wilhelmstift in Potsdam, founded in 1865 by private bequest and managed by a committee of twelve members of an evangelical corporation under Pastor Coulon of Potsdam. The reports appear in a religious paper, *The Evangelical Messenger*.

INSANE COLONIES IN GERMANY.

A brief sketch, mostly by way of definition, of the institutions known as Colonies and Family Treatment, will be a fitting conclusion to this section.

For a certain class of patients, at all events, the conditions of life ought, as nearly as possible, to correspond with those under which healthy members of their class live. Field-work in a colony is not to be recommended for town-bred lunatics. Men who have been shoemakers and carpenters are unsuitable subjects for agricultural employment, and the unwonted exertion might become very prejudicial to their health, though if judiciously used it is often very beneficial. Countrymen, whose physical powers remain, though their mental powers are gone, do well when occupied with farm and field-work. Not only so, but the proceeds of their exertions amount to large sums, and relieve the community of much expense.

The earliest colony in Germany was that at Einum, in connection with the Hanoverian Asylum at Hildesheim; another is at Colditz in Saxony; a third, with an area of 300 hectares (750 acres), in the same kingdom, is at Alt-Scherbitz; and there is now one in connection with the Berlin asylums. The patients live and dwell in the country, free from the restraint of an institution, though under supervision. Their natural tendencies have free play. All are not proper cases for colonies. As there are some who cannot work, there are others who will not. Cases with excitement and suicidal tendencies, and the bodily infirm, cannot be located in colonies.

The agricultural colony at Einum was founded in 1864, at the instance of the Hanoverian Crown, on a site of $15\frac{1}{2}$ hectares (38 $\frac{1}{2}$ acres) of land, for forty patients. There were two horses, nine cows, some swine, and poultry on the farm. In 1897 a head-attendant, under the direction of the Hildesheim Asylum, managed both house and farm, while his wife saw to the domestic arrange-

ments. On his decease, in 1883, the superintendency and stewardship were entrusted to separate officials. In 1868 there was a deficit on the working of £305, in 1869 of £35, while the accounts in 1870 showed a surplus of £92. In 1875 the authorities purchased 93 hectares, of which 48 were thrown into cultivation, and 45 let. There were fifty-two inmates. The cost was £11,400, borrowed from the province. In 1886, although £1,000 had to be disbursed in interest and for payment of debt, there was a surplus of £534. The asylum now owns 92½ hectares (231¼ acres), and works 142 hectares (355 acres). There are eighty patients, being nineteen per cent. of all in the establishment at Hildesheim.

The property of Alt-Scherbitz was purchased in 1876 for £48,750. Of the 500 patients, one-third are in the central institution, and the remainder in the dwelling-houses which form the colony.

The colony at Sachsenberg, in Mecklenburg-Schwerin, was erected at an expense of £6,766, for fifty inmates. There are at present forty-two patients, with two attendants.

There is a two-storied dwelling-house, containing on the first floor two large day-rooms, management rooms, and water-closets, together with the apartments of a married gardener. The upper storey is occupied with the sleeping-apartments. The heating is effected by hot-water pipes. The water-closets consist of simple buckets. There are also two management buildings, one for sheds and weighing-scales, the other for twenty cows, six horses, thirty-eight pigs, hens, and so on. There is no grating to the windows, except in the case of the clothes-room, to prevent burglaries. The doors are open. Stove-heating obtains. Food is conveyed in a hand-barrow by the inmates themselves from the kitchens, which are only a hundred paces away. To the right of the residence is a greenhouse and the kitchen gardens. There are, lastly, two houses for incurables, with water-closets on the bucket system, a supply of water laid down, heating by stoves, and lighting with petroleum lamps.

FAMILY TREATMENT.

One step further and we have the Family Treatment, where lunatics are handed over to peasant households, one or two at a time, to be treated as members of the family. The model institution is at Gheel, near Antwerp, where, in a community of 10,000 inhabitants, 1,100 to 1,201 sick are boarded out.

Only certain cases do well under this arrangement, principally the weak and idiotic. It cannot be recommended for dangerous patients, nor for those who are altogether obtuse. The system was tried at Schleswig ; but the villagers, being well-to-do, did not consider it worth their while to take over patients from the asylum. At Bunzlau, seven patients returned voluntarily to the asylum. The system is in vogue at Ilten, and, as has been already pointed out, Berlin had in 1888 disposed of fifty patients in this way.

However family treatment may be employed for private cases, most of those just referred to are pauper lunatics.

MAINTENANCE OF GERMAN ASYLUMS.

It will be well in this place to return a brief answer to the question, how all this is paid for. Where estates have been bought, plans laid, extensive buildings upon the most improved system, costly fittings, and a numerous staff, both medical and managerial, provided, great cost must have been incurred. If all these expenses were totalled, the result would be a sum of hundreds of millions of marks, equivalent to many million pounds sterling.

There are three bodies concerned with the disbursements of German finance—the States ; the provincial councils and boards, all possessing a certain unity, but presenting several stages or grades ; and the parishes proper. A distinction is drawn in the German Empire between town boards and country boards, town councils and provincial councils, town communes and country communes, town parishes and country parishes ; but the difference is one in name only, and the town boards are, in all respects, similar in the majority of functions to the country boards. Only the largest towns, however, such as Berlin and Munich, have councils which fully correspond with the country or provincial councils.

In the first place, the State provides means for maintaining such asylums as are State institutions ; in the second place, it provides professors at least in the case of all university clinics, inclusive of those of mental disease, for it is the State which finances the universities themselves ; and, lastly, it subsidises the provinces, just as contributions are made from the English Exchequer on behalf of local taxation.

The provincial councils, the organs of local government in

Prussia, Bavaria, and the smaller States, including Hesse, initiate, superintend, and provide the moneys necessary for the maintenance of public asylums. The same holds good for the municipal councils of Berlin and Munich. It is the Poor-boards of these councils, however, upon whom the maintenance of indigent Germans and lunatics falls, and it is they who make payment to the councils for all patients who are not paid for by friends, representatives, or from their own property.

Reference has been made more than once to free places. They are kept up on behalf of patients without means in many asylums, and number 210 at Merxhausen in Hesse-Nassau.

There are cases where the provinces, in addition to keeping up public asylums, make subventions to private establishments. Thus the private asylum at Kiel for imbeciles receives an annual sum of £250 from the province of Schleswig-Holstein. Stender's private asylum, also in Schleswig, receives likewise £250 from the Provincial Treasury.

The following facts, dealing with subventions by the State to provinces, are taken from the several budgets. Hanover makes over £25,000 annually to the provincial boards in aid of local taxation. The charge on account of the Wilhelmsstift asylums and hospitals, as returned in the Brunswick budget, increased between 1833 and 1851 by fifty-one per cent. Two amounts of £5,108 and £10,977 are recorded as contributions of the Bavarian State in 1886 on behalf of the poor and sick, and that in accordance with the legal stipulations of the Statute-book. The Central Exchequer of Oldenburg, and the separate treasury of its three provinces, return considerable payments on behalf of attendance, maintenance, and relief. The accounts of the Prussian Ministry of Public Worship, Instruction, and Medicine show disbursements amounting to £3,090,800, of which £900,000 was a subsidy to communal boards.

A certain sum of money then finds its way from the coffers of the State for the maintenance of the lunatic service. Sometimes this is very indirectly, sometimes directly, when the institution belongs to the State. The Leipzig clinic receives a State subsidy of £3,300 annually. It is to be remembered also that a certain charge falls upon the State in pensions for those officers who are State officials, and there are many such connected with asylums.

The other sources of revenue, including payments by patients and miscellaneous items, will be more properly dealt with in the special section upon Maintenance.

RECREATION.

Both indoors and out of doors a special feature of asylum arrangements is to secure the interest and maintain the cheerfulness of patients by every possible means. There are walks in the grounds and gardens along tastefully planted paths, and, when the weather is unpropitious, summer-houses and verandahs for the inmates to retire to. Then there are games of all kinds, suitable for the class of patients under treatment. Where the country is open and picturesque, excursions may often be taken, and picnics held in the forest or woodland; walks may be arranged, and the asylum conveyance may be utilised for drives. The attendants will usually be required to accompany the patients, and even then a careful selection of the excursionists requires to be made by the medical men. Every asylum has casualties to record among its patients, when in an unguarded moment they are allowed some special freedom, nay, even when all precautions are most rigidly observed. Suicides have to be chronicled from time to time, and attempts at escape.

From the report of the Düren asylum, issued in 1887, for the previous ten years, there had, it seems, been 103 attempts at escape, of which 36 were successful. One curious case occurred, where a lunatic had the cunning to bribe some outsider, who assisted him to get away.

Reference has been made to the skittles and gymnastics at Sonnenstein. A teacher of gymnastics has been engaged, and the Swedish form of the exercise introduced.

There are various sports, too, in the open air arranged for the different classes of patients. The "garden festival" includes bird shooting, pot hitting, and small lotteries. The children have their whistling, bell-pealing, and musical boxes, and, on occasion of the "summer festival", cakes, lemonade, and a thin variety of beer are divided among them.

Within doors there is the day-room, with conversation, music, and the like. There is always an entertainment room, where men and women at times meet together to hear the band, or for masques, private theatricals, masquerades, part-singing, and musical entertainments. Choirs have been formed, including attendants who have good voices, and sometimes patients as well. There is the Casino evening, when sometimes gentlemen of position from the neighbouring towns, the Mayor even, may assist.

INSTRUCTION.

Not only for backward children, who form a certain proportion of the patients, but for those who are grown up, regular classes are held by teachers and governesses to educe the latent powers and strengthen those which remain. The chaplain is occasionally teacher, but more often it is best to have a gentleman specially to fulfil this function. Lessons are given in every conceivable subject. Arithmetic, writing, and reading are studied ; historical discourses are delivered, and historical classes held ; geography is taught, with the use of the globes. Many of the educated inmates in the asylum are quite able to join in classical lessons, when the most notable authors of antiquity are taken as the text. Owing to the benevolence and kindness of eminent men of science, and others, courses of lectures are arranged, more particularly during the winter season, when the patients listen to masters in their subjects presenting information of peculiar interest.

Bible readings and religious instruction trench rather upon the functions proper of the chaplain, but they are very salutary as an adjunct to his work in imparting hope and consolation, with the highest sanction, to the melancholy and depressed.

OCCUPATION.

Far beyond the mere pecuniary value of the labour of able-bodied patients, is the hygienic importance of occupying the mind, and at the same time the body, with physical toil. The spirit is less prone to wander into those diseased channels which really constitute a great deal of what is insanity when tied down to hard facts. The exhaustion after labour is no more than salutary tiredness, and the bodily health is built up as a basis of mental health when the individual is put to exert himself, above all in the open air, and in a less degree in workshops. Farming, gardening, and husbandry are receiving wider application every day. More and more do asylums have extensive farmsteads, kitchen gardens, and flower gardens attached to them. Then there is the dairy, and perhaps the brewery as well. Milking and the care of poultry are very well adapted for the female patients.

Whatever trade the men may have pursued, while their health remained to them, they continue in well-ordered asylums. There are carpenters' shops, shoemakers' shops, tailoring, and the rest ;

though it is to be remembered that where, as in the latter instances, these employments are essentially unhealthy, their duration must be limited. The kitchen is not so suitable a field for female work as the washhouse and the laundry. But, nevertheless, notwithstanding steam and machinery, some institutions afford their women employment in the kitchen. There is not the same objection to engaging them in the scullery in the cleaning of vegetables for table. Upstairs they are very well able to do sewing, knitting, embroidery, and tatting. Breaking wood in the outhouse, as gathering it in the summer, is calculated to keep a good many of the male patients healthily occupied. The fire brigade, fire drill, and, indeed, military drill, are very salutary, and, when many of the attendants are old soldiers, the leaders of these military evolutions are ready to hand.

The following sketches of life at Dalldorf and Illenau will prove interesting in this connection.

The whole country around Illenau, situated among the woods and hills of Baden, is very picturesque, and parties are often made on foot, or with the conveyance, to the points of interest around. Visitors of their own families often see the patients, but this privilege is liable to abuse through the ignorance of these people. But deprivation in this respect is compensated for by visits from the attendants and their families, or to these, when they reside outside the establishment.

There are regular meetings for theatrical representation and conversation on the male side, and on the female side even more frequently, though they may be on a smaller scale. Every Thursday the attendants have among themselves a social evening, and, not seldom, patients of the better classes join them. There is a precentor who has started choral and instrumental practice, portions of the great oratorios have been produced, while four-part songs form an item of the concert programmes. When the season has permitted, there have been concerts in the open air, and, when the weather is unsuitable, in the hall, dancing being sometimes added. It is said that with whatever zeal the women dance, they do not equal the men in skill. Early in the history of Illenau two balls were given, but the result does not appear to have been satisfactory, and they were not repeated. Among the games played are billiards, chess, and cards. From time to time there have been exhibitions by a neighbouring art firm, and there is a large library. From the point of view of occupation, gardening and field-work

are the most beneficial of all, and, when the weather is not suitable, the greenhouse may be used as a substitute. Some patients employed in the workshops have even learned a trade. The women do not go into the kitchen much, but they clean vegetables, wash, iron, mangle, knit, sew, and spin, only it would be more desirable to have occupations of a less sedentary nature. They may even help to take care of other patients less capable than themselves.

At Dalldorf it is accepted as a principle that regulated and varied employment is one of the main conditions for an improvement in the state of the patients. The most suitable cases for agricultural employment are persons suffering from arrested psychical development and chronic invalids. Digging and weeding were only indifferently done, while work in the park, grounds, and, orchards was very satisfactorily carried out. Just so, also, on the sewage-farm, and it is proposed to work the farms belonging to the municipality in Blankenfelde, Blankenburg, and Malchow with insane labour. The drawbacks lie in attempts made to escape favoured by trees and brushwood, but these have rarely been successful. The women assist in the wards, but are excluded from the washhouse and kitchen because of the machinery. Small prizes of a penny a day to the men, and a halfpenny a day to the women, are given to stimulate them in their efforts. During the month of May 1883 there was an average of just under 200 men, and just over 200 women, daily in employment, the total number of inmates being 1,113—a very satisfactory result, when we remember how many of the patients are infirm and paralytic. Cigar-making has been introduced, and it is even proposed to grow tobacco on the sewage-farm.

The library numbers 835 volumes, in part due to the munificence of the borough authorities, in part to private persons. A series of papers and journals lie upon the table for perusal. Among the means employed for recreation and diversion are such incidents as making small presents at Christmas, celebration of the birthdays of the Imperial pair, dances, concerts, and theatrical representations. Then, when work is over, there are billiards, skittles, cards, dominoes, chess, and walks perhaps, in company with the attendants, to the neighbouring villages.

Occasionally, upon a pass signed by one of the resident medical officers, and countersigned by the medical superintendent, patients have been allowed to go out alone, sometimes with unfortunate con-

sequences through drink. Where permission is given for several days, relatives promise to take care of the patient, and be answerable for untoward results. There was an instance of an apparently idiotic patient allowed to visit his mother, who killed her, a tragedy that caused much sensation at the time. Very often, however, these temporary periods of absence afford an excellent opportunity of judging whether the convalescent may be discharged altogether. On four afternoons weekly, from 2 to 3 P.M., and on Sundays from 10 to 11 A.M., relatives may come in to visit. They are allowed to enter the various pavilions, even the isolation quarter.

RESTRAINT.

Forty years ago there were three instruments in use in Germany, which are curiosities now. A distinguished German, who was medical superintendent in several of the chief asylums of the empire, told how, when he first began professional life in 1855, he saw the *Drehstuhl* (or circulating swing) and *Drehbett*, which had, however, by that time, become somewhat of curiosities. The *Drehbett* and *Drehstuhl* were two apparatus which served the horrible purpose of rolling refractory patients round and round until they vomited or became exhausted, and so were hushed.

Thirty years ago the high collar round the throat, which prevented the patient from moving his head, and tended indirectly, as he struggled, to induce exhaustion; the chair where a lunatic was tied down when a maniacal paroxysm came on, or the stocks in which his feet were held fast; the cuirass and leather jacket of stout oakhide, with sleeves and gloves all of the same material, and metal buckles; Autenrieth's mask, to prevent screaming and crying; and the face mask, to stop spitting and biting—were all considered perfectly legitimate adjuncts to treatment.

The system was, in short, one of restraint, keeping in check the violent, destructive, and unpleasant outbursts of the insane by sheer force, and without any regard to the permanent mischief to the brain which was caused in gaining a temporary advantage.

This was long a field of combat between professors of the old system and the advocates of the humanitarian methods of Gardiner Hill published in 1838, and of Conolly some twenty years later. The victory lay with humanity and kindness, the old barbarism met with fewer and fewer advocates, and though as late as 1870 a voice here and there continued the discussion, as if the whole

matter had not long ago been settled, the non-restraint system became established. If we peruse accounts of asylum treatment about 1872 by impartial visitors who had no connection with the asylums themselves, it will appear that very few cases occurred in the course of the year where stool, or wheel, or cuirass had been employed. Griesinger, in Berlin, memorable also for his support of *Stadtsytle*, introduced non-restraint throughout his whole practice in the metropolis. This was in 1865. In 1872 we read that in Munich neither jacket nor stool was ever used; at Werneck the system was "non-restraint" throughout, and the medical superintendent, Gudden, prophesied that in ten years a "jacket" would not be found in Germany. At Klingenmünster there was no restraint. Illenau had not accepted the new doctrine so completely. At the private asylum at Göppingen the beds were covered with cowhide, to prevent their being torn, with a funnel in the middle, to lessen the inconveniences arising from uncleanly habits. So far as possible the system was "non-restraint".

At Heppenheim, at that period, matters were in such a state that even letters of patients were never opened, and, where it was suspected that the contents might be injurious to their health, they were merely intercepted.

It may be almost said that the entire asylum system suffered a change. As Griesinger established it at Dalldorf, the first principle in the life of the institution was to make it approximate as much as possible to life in the world at large. Work and rest, relaxation, amusement, and instruction were provided, and the subtle purpose of restoring the diseased mind to health by carefully recalling it to healthy channels was assiduously pursued. The attendants and nurses, too, as they secured a better status, and adequate knowledge and experience, were able to do a great deal by keeping the patients both night and day carefully under observation. Filthy habits were checked, the restless and excited were placed quietly in a ward with only one bed, and the maniacal were removed to the cells, or placed in the open. The padded room became a thing of the past, partly for the reason that the cushioned walls were very apt to receive dirt which could not be removed from them again. The increasing resources of pharmacy are not to be forgotten, such drugs as opium, chloral, morphia, and, more recently, paraldehyde and sulphonal, calmed many a patient whom the strait-waistcoat would only have exasperated. The so-called open-door system, first applied in Scotland, and

received with some favour there, has been discussed in Germany, but as yet the time has not come to consider it as an established method of treatment in the latter country.

DIET.

Many of those limitations which are set by fever and other symptoms to a natural diet in hospital cases, do not come into play at all in asylums. Physically, except in a minority of cases, there is little amiss, and the ordinary diet of healthy individuals of the same age and sex is indicated. Where the bodily health is impaired, diet is regulated upon ordinary medical principles; otherwise its characters may be summed up in the sentence—plain, abundant, nutritious, carefully cooked and prepared for table.

MANAGEMENT.

Management, in the ultimate sense, must go hand in hand with maintenance: those who provide the means must have the superintendence. Accordingly, the State, province, and borough providing the money for the new asylum, balance the annual budget, and appoint the officers. The State formerly interfered far oftener than it does now. There has been a growing inclination to throw institutional cares more and more upon the provinces, and to hand over moneys which the State received for financing them to the local authorities. And so it has come about that only a single State asylum remains in Prussia, and that merely a department of the huge Charité Hospital in the capital.

The States of Germany may be arranged in two classes: first, those which exert an immediate supervision over public institutions, and secondly, those which only mediately superintend. To the former order belong Wurtemberg, Saxony, Oldenburg, and Mecklenburg, where State boards and authorities both inspect and even manage the asylums of the kingdom. In Saxony as early as 1772, and in Austria not very much later, in 1807, the Government began to concern itself with the disposal of lunatics. In the Saxon Ministry of the Interior there is an official judge, who inspects in his own person; there is the president of the Medical Council and his assessor, who deal more particularly with medical matters; and there is a special building committee, also part of the Ministry of the Interior.

which reports after consultation with the director and experts. The director is named by the Crown, and has to make a three-fold report dealing with the medical state of the institution and the district, and also giving information to the Medical Council. In Wurtemberg there is a Committee of Overseers for Schussenried, Winnerthal, and Zwiefalten, the three State asylums directly subordinate to the Ministry within whose sphere fall all admissions and discharges. In Mecklenburg a single councillor, a lawyer, himself acts as a department of the Medical Council, and looks after the finances of the asylum.

In Bavaria, Prussia, and the smaller States generally, the system is quite different; for all that the State does is to exercise a general superior superintendence, while the management is really in the hands of the provincial, district, and borough councils—the organs of local self-government. These bodies are entrusted with the four following chief functions:—

- (1) The initiative in the building of institutions, examination of plans and arrangements, and drawing up of statutes.
- (2) The appointment of the staff of the institution, especially of the Director.
- (3) Fixing the regulations in operation for admission and discharge.
- (4) The exercise of a general control.

Prussia has no such State laws as obtain in France, where each department is bound to maintain a public asylum and receive and care for its own insane.

The old law continued in force for Rhineland and Westphalia, that is to say, for the western provinces of the kingdom of Prussia, where the committee of the provincial estates, whose president was always a member of the chief presidency, managed these establishments. When the plans were passed they were laid before the Chief President and Ministry for approval; but as the Ministry had no expert members, this was essentially a matter of form.

For the rest of the provinces, the new ordinance of 1871-1872 entrusted all to the Provincial Council and the elective committees of this body for asylums, which included no medical expert, and was under the leadership of a provincial official, the *Landeshauptmann*. The committee acts just like the incumbent of a private asylum, builds, calls experts, and examines them, but need not take their advice.

In Bavaria the relation of State and province is not so simple.

The asylums in each district of 500,000 or 800,000 inhabitants are immediately under Government, and mediately under the Ministry. In the Ministry there is an assessor who annually receives financial and administrative reports, and a medical referee who receives the medical reports.

The building programme is submitted to the ministry, and is examined by three committees—the Chief Medical Council dealing with it from the administrative standpoint, the Council of Architects from the point of view of construction, and the Committee for Art from the æsthetic point of view.

The Crown names the director, and even the head administrative officials.

In the Palatinate the district government, equivalent to the provincial government in Prussia, exercises a close supervision.

INCOME AND EXPENDITURE OF GERMAN ASYLUMS.

We have already said something to show the part which the State and the provinces take in providing the money necessary for the erection of new asylums. Although many of the hospitals of Germany have endowments, it is very rare to find an asylum with estates yielding an annual revenue for the support of the institution. Centuries ago, when benevolence often came to the assistance of the sick, asylums were practically unknown; and in our own age the erection of institutions for the insane has always been held to be a peculiarly public function. Private asylums are, of course, founded and maintained by voluntary committees or boards of trustees placed in charge of funds bequeathed by private donors, or collected by religious and other societies, or belonging to individuals. To a very large extent the training-schools for idiots and cretins possess this character.

Occasionally, institutions which were private have been purchased for public bodies. Thus, for the building of St. Gertreu Asylum, Bamberg, which was originally a cloister, the township paid a sum of £304 about 1804, and in 1819 the asylum passed under town management. Finally, in 1863, the entire institution with its property, then amounting to £6,600, became municipal. Since that time sums of £3,000 and £700 have been spent by the town upon it.

The cost of the buildings at Dalldorf, exclusive of the site, amounted to £180,000, and the fittings and furnishing to £20,000

more, at the rate of about £200 per bed. All this fell upon the Berlin municipality.

The asylum of Haina, in Hesse, founded in 1533, by Count Phillip of Hesse, is an instance of an institution with endowments in money and lands which defray the principal part of the costs. The estates embrace 1,450 acres of meadow-land and 16,825 acres of forest.

The Jena Asylum received in 1880 a sum of £625 from the State; the State contribution was fixed for the financial period of three years at £868 per annum.

The Kreuzburg Asylum in Silesia was originally part of the workhouse erected by Frederick the Great in 1779. It was rebuilt in 1874-76 by the province at an expense of £40,585, but of this sum £10,007 was paid on account of the workhouse that was taken over. Since the number of lunatics was 280, the expense per head amounted to £109.

The financial history of the Küchenmühle Asylum for idiots, in Pomerania, is very instructive. The institution was opened in 1863 by the Pomeranian Society for Home Missions, represented by a committee, out of moneys given as free-will offerings. It is maintained by payments of patients, subventions from the province, and by collections. The Pomeranian Council gives an annual subsidy of £180, and in 1878 presented £1,500 for the building of House III, and in 1881 lent £1,500 for the erection of House IV, without charging interest. Payments are at the rate of £22 10s. for the ordinary classes; but if belonging to the province, they are reduced to £7 4s. For the highest class the charge is £40 to £45, and where a paying patient has a private room and a special attendant, the charge is from £60 to £67 10s. per annum.

The Plagwitz Asylum, in Silesia, was originally purchased by Government, but was taken over by the province in 1826.

The province paid, between 1879 and 1884, £23,500 for the enlargement of the Stephansfeld Asylum in Elsass (Alsace).

PAYING PATIENTS.

A large proportion of the entire revenue is made up by payments on behalf of patients. The official scale of payment for patients of the four—or rather of the three—classes, is appended.

Table showing the Scale of Payment per diem for Patients in the Provincial Asylums of Germany.

Province.	Locality.	For Patients from the Province.—Class				For others.—Class			
		1	2	3	4	1	2	3	4
East Prussia...	Altenberg ...	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
West "	Neustadt ...	2 11	1 9	0 10	—	—	—	—	—
	Schwetzn ...	4 1	2 0	0 10	—	—	—	—	—
Berlin District	Charité ...	4 2	2 1	0 10	—	—	—	—	—
Brandenburg	Eberswalde ...	3 0	—	—	—	4 0	—	—	—
	Sorau ...	3 4	2 6	2 0	1 6	4 5	3 4	2 8	2 0
	Greifswald ...	2 4	1 6	—	—	—	—	—	—
Pomerania	Neuhof, near Veckrom	3 4	1 8	—	—	—	—	—	—
	Rügenwalde	3 5	1 9	—	—	—	—	—	—
Posen	Stralsund ...	—	—	—	—	—	—	—	—
	Owinsk ...	1 5	—	—	—	—	—	—	—
Silesia	Brieg ...	3 4	1 8	0 10	—	—	—	—	—
	Bunzlau ...	1 4	0 8	—	—	—	—	—	—
	Kreuzburg ...	1 2	1 1	—	—	—	—	—	—
Saxony	Leubus ...	1 9	1 6	—	—	—	—	—	—
	Plagwitz ...	2 4	2 0	—	—	—	—	—	—
Schleswig	Niëtleben ...	1 5	1 3	—	—	—	—	—	—
Hanover	Alt-Scherbitz ...	3 4	1 8	0 8	—	4 2	—	—	—
	Schleswig ...	3 4	1 8	0 8	—	—	—	—	—
Westphalia	Göttingen	4 5	2 3	1 1	—	5 7	2 9	1 6	—
	Hildesheim	—	—	—	—	—	—	—	—
	Osnabrück	—	—	—	—	—	—	—	—
Hesse-Nassau	Geseke ...	0 10	—	—	—	—	—	—	—
	Lengerich	3 9	1 5	0 10	—	6 9	3 7	1 10	—
	Niederrnarsberg	to to to	to to to	to to to	—	—	—	—	—
Rhine	Marienthal	6 8	2 0	1 2	—	—	—	—	—
	Eichberg ...	3 9	1 5	0 10	—	6 7	3 8	1 10	—
	Haina (for men)	to to to	to to to	to to to	—	—	—	—	—
Rhine	Marburg ...	5 0	2 1	1 0	—	—	—	—	—
	Merxhausen	4 2	2 6	1 7	0 9	5 5	3 9	2 6	1 0
	(for women)	1 4	0 9	—	—	—	—	—	—
Rhine	Andernach	1 4	0 10	—	—	—	—	—	—
	Bonn	3 9	1 3	—	—	5 0	1 8	—	—
	Düren	1 2	0 10	—	—	—	—	—	—
Rhine	Grafenberg	—	—	—	—	—	—	—	—
	Merzig	7 6	4 0	2 6	1 6	8 0	5 0	3 0	2 0
	Andernach (St. Thomas)	—	—	—	—	—	—	—	—
Rhine	Düsseldorf	0 11	—	—	—	—	—	—	—
	Düsseldorf	to	—	—	—	—	—	—	—
Rhine	Düsseldorf	1 3	—	—	—	—	—	—	—
	Düsseldorf	—	—	—	—	—	—	—	—

It will be observed that in provincial asylums a distinction is drawn between natives of the province and those who are not natives, the charges for the latter being always appreciably higher. Generally it appears that a patient of the first, or highest, class pays 3s. or 4s. a day, a patient of the second class about 2s., and a patient of the third class 1s. This is for natives of the province.

These sums are either chargeable upon the patient's property, or upon his representatives, and security is always taken for punctual payment, sometimes the costs for two months in advance being required to be deposited; or they fall upon the various Boards for the relief of the poor.

The provinces, then, besides directly providing asylum accommodation, must also indirectly, through their poor-relief machinery, pay for their own lunatics. A second table is appended showing the total disbursements of the provinces on account of lunatics; and, secondly, showing the proportion which such expenditure bears per cent. to their entire expenditure. Rhineland in 1884-85 paid over £21,650 in this way, or 5.69 per cent. of all its expenditure.

Table showing the Expenditure of the Provinces of Germany on account of the Asylum Service, and the proportion to their entire Expenditure which this amounted to.

Province.	Budget of 1884-5.	
	Total in £.	Percentage.
East Prussia	£12,130	6.59
West „	35,065	8.10
*Brandenburg	30,414	—
Silesia	30,916	12.20
Saxony	14,869	7.36
Schleswig-Holstein	1,998	1.83
Hanover	7,228	2.91
Westphalia	3,457	1.78
Cassel (County of)	15,368	11.58
Wiesbaden (County of)	3,347	4.10
Rhine	21,650	5.69

MISCELLANEOUS RECEIPTS.

There is, in the next place, a miscellaneous class of receipts, to only a single item of which reference will be made, namely, the

* These figures include the charges for Eberswalde and Sorau.

surplus derived from farming, husbandry, dairy, and other business. This item was set down at Dalldorf in 1886-87 at £1,844.

At Düren, in 1887-88, the proceeds of farming operations reached £6,087. Schleswig has 155 acres in its own property, and the proceeds reached £1,144 clear gain. At Stephansfeld Hordt, in 1884, with 177 acres under cultivation, and stock to the amount of 52 cows and oxen, 127 pigs, and 544 fowls, the gross receipts from the farm were £5,718, and the net receipts £1,047. Next year the farming account showed £1,835, the cattle-rearing £3,606; total outlay on both, £4,440, and balance, £1,001.

Some points in the Munich accounts are of interest. Church collections produced, in 1884, £544; the invested capital was £9,570; there was a fund for discharged patients, and a fund for the *employés* amounting to £3,595.

EXPENDITURE.

The great expenditure is, of course, the initial amount disbursed for the estate, which may be very extensive where there are colonies. The sum laid out on buildings at Dalldorf has been mentioned. A recent extension at Eberswalde has cost £9,000 in buildings and fittings.

The Munich Asylum, which was only opened in 1859, had to be enlarged and rebuilt fifteen years later at a cost of £81,726.

A loan of £40,000 on behalf of the asylum at Karthaus Prüll was contracted in 1880.

Where large sums have been borrowed, the institution is from the first weighted with a heavy load of debt, and the amount chargeable in interest, and as a sinking-fund, in the annual budget, becomes very serious.

The next item of expenditure to be considered is the maintenance of the staff of the asylum, and the patients. The superior officials receive liberal salaries and excellent board, and many of the subordinate attendants must be maintained as patients of the first and second class. These patients, again, require ample accommodation and a liberal table.

At Heppenheim, in Hesse, £13,799 is returned for maintenance of patients during 145,150 treatment-days, and of officials during 27,714 "maintenance-days", or days during which they had to be boarded.

Salaries and maintenance form a heavy item. At Schleswig

Asylum, a few years ago, the treatment-days numbered 293,927; maintenance-days of officials, 51,177; the total outlay reached £20,780, of which £10,290 was for maintenance, and £5,058 for management. The scale of salaries is liberal, as will be seen from the facts given in the following sections having reference to the several officers and attendants.

Looking through some of the accounts, we find that of a total expenditure of £38,066 at Dalldorf in 1886-87, the management cost £6,872; chapel and school, £180; various professional expenses, inclusive of drugs and instruments, £2,154; food, etc., £16,418; clothing, linen, £3,170; heating, light, and repairs, £6,585. At Hofheim, with a total expenditure of over £9,000, a sum of £1,657 was paid in salaries, £4,810 for food, £530 for alcoholic stimulants, or 26s. per head, £772 for furniture, £667 for bed-clothes and linen, and £714 for heating and lighting.

The annual accounts for Allenberg Asylum, for year ended March 31, 1885, showed, for a total expenditure of £17,293, a sum of £2,354 for salaries and wages, £183 for pensions, £618 for buildings, £7,413 for food, £1,310 for furniture and fittings, £1,558 for heating and lighting, and £1,867 being the charge on debt.

The cost per patient is given for the day or year, and the following recent figures convey the general results:—At Einum, the Hanoverian colony in connection with the Hildesheim Asylum, 1s. 4d. per head per day; at Leubus, where there was in 1886 a surplus of £290 in the department for private patients, £28 10s. per annum, or 1s. 7d. per day; at Bunzlau, £20 10s. in the institution, £15 6s. in families, showing per day 1s. 1½d. and 10d. respectively; at Düren, maintenance charges are stated to have been as low as 9½d. for Class III, and 6½d. for Class IV per diem; at Merzig, £28 5s. per annum, or 1s. 7d. per diem; at Schleswig, 8d. per diem; at Saargemünd, £25 per annum, or 1s. 4d. per day; at Neustadt, in West Prussia, £31 8s. per annum; at Lübeck, £20 6s.

The figures for the capital have been already stated.

COMMISSIONERS OF INSPECTION.

With the exception of one or two peculiarities, which obtain in special localities, the order of Inspection for Prussia holds generally for the German Empire.

In Bremen the asylums were formerly inspected by the Institute for the Poor.

In Saxony a Judge Inspector for asylums in the Ministry of the Interior makes one or two annual visits in person, in company with the asylum director. He notes any defects and faults, and hears complaints and proposals. A report is then sent in to the Ministry.

The inspection of asylums for Prussia resolves itself into two parts—inspection of public, and inspection of private, asylums. Both these subjects are fully dealt with in the official documents, which are detailed in the section on legislation, and it will be sufficient here to indicate generally the purport of these provisions.

The absolute necessity of stringent rules in these matters became evident when King William IV, in 1843, unexpectedly ordered an inspection to be made of a few public institutions in Potsdam and Berlin. Uncleanliness, ill-regulated disposal of the sick, drying linen behind stoves, indiscriminate use of linen and utensils, bad ventilation, bad heating, unsuitable attendants, and humanity on paper but not in practice, were all disclosed in a lamentable degree. There are special reasons, too, why asylums should be most carefully inspected, and quite a new order of things has been established since the Ministerial circular of 1866.

The magistracy was, in the first place, called upon to see that all was working well in the district, that asylums were of proper construction, and that the management was skilful and humane.

The local medical officers, as Government officials, were called upon to visit all the asylums of their district, as occasion offered, not making special journeys on that account, but never failing, if they were in localities where such institutions were located, to visit and see how things were going on. Moreover, there were to be regular inspections, conducted by the magistrate's clerk, the communal doctors, and the local medical officers, who should inquire into the general arrangements, the system of management, and the state of the inmates. In view of the fact that this supervision was at the instance of the State or Government, reports were to be sent to the Ministry for Medicine, containing full particulars.

From the official documents dealing with the inspection of private asylums, it appears that such were to take place twice annually, that the local medical officer should certainly be one of the commission, unless he happened to be connected with the asylum itself. In that case a competent substitute, trained in mental diseases, and nominated by the authorities, was to act in his stead. Extraordinary inspections might take place at any

time, at the instance of the police. The facts to be disclosed in the reports to the Ministry were carefully detailed.

Every summer and winter then, or oftener, all parts of the asylum and its management are submitted to careful inspection by independent and impartial commissioners, and their reports laid before the authorities of the State.

MEDICAL DEPARTMENT.

The medical superintendent in all German asylums receives his appointment at the hands of the authority which has erected and endowed the asylum, and is primarily responsible for its management.

The State appoints the medical superintendent or director, as he is termed, in all State establishments. In the case of all clinics also, which as part of the universities belong to the State, the State makes the appointment. Moreover, where medical men are placed in positions in asylums with a view to becoming skilled in mental disease, the State nominates them and pays their salaries. They are known as the probationer medical officers. All these gentlemen are removable by the authority which originally appointed them.

The training of medical men expressly in psychological medicine is furthered by the State in every possible way. There is a tendency to entrust solely to such men the signature of certificates in lunacy. It is not enough for an ordinary practitioner to certify. Some new regulations issued by the Prussian Ministry were very strict on this point, and aroused much opposition in the ranks of the profession. It was stipulated that no one should certify except the local medical officer, a State official presumed in virtue of that fact to possess special knowledge in lunacy, or, in his default, one who had qualified for a position of that nature. However the rule may have become relaxed, it is evident that the German Government lays especial stress upon a technical acquaintance with insanity among all those who occupy positions in connection with asylums or local government.

The medical superintendent at Frankfort-on-the-Main was formerly co-ordinate in power with the governor or inspector, but this stood alone as an exception to the rule, which obtained everywhere else, that he should be supreme, not only in the admission and discharge of patients—that is to say, not only in the strictly medical department—but also in the general management, the

supervision of house and farm, and in the financial department of the Institution.

As he is answerable to the central authorities, so the officials are answerable to him. From him they receive their appointments, and by him they are discharged.

He controls all treatment conducted by his subordinates, and himself deals with the more serious cases. He interests himself in all the doings of the patients; indeed, one director set his fellows an example by going out to the fields at the head of his patients, and personally taking part in their agricultural work. Upon him falls the reception of visitors and inquirers, and he accompanies Government officials in the course of their inspection. He keeps the books and records of cases in order. The chaplain is by his side, and at the same time must look to him for general guidance. As he determines how far courses of treatment are suitable for patients, so he observes the results. The manifold qualifications which he must possess are not only matters of scientific knowledge, but experience, judgment, and a disposition of cheerfulness and *bonhomie* suitable to his surroundings.

The large number of medical officers connected with asylums in proportion to patients has always been a feature of such institutions in Germany. For the whole German Empire, a few years ago, there was a medical officer to eighty-seven lunatics, and for Prussia a medical officer to eighty-three. Generally it is accepted that where the asylum contains 150 beds, there ought to be, in addition to the director, two assistant medical officers. It is their duty to make careful rounds of all wards night and morning, to attend to out-patients, to treat ordinary cases, to attend to any special requirements in diet, to prepare records of cases, and to invoke the assistance of the director himself wherever there is difficulty. As the director has a microscopical and chemical laboratory placed at his disposal, so that he may take advantage of his position for the advancement of science and of psychological medicine, so they are called upon to assist him in this as well as in other matters. Their labours will become very much easier where there are probationer medical assistants to undertake a part of their duties.

The emoluments of these officers vary with their seniority, and the size and importance of the asylum to which they are attached. A few years ago a table of salaries was drawn up by the Council for a provincial institution for the insane. Since then there has

been a general rise in emoluments, but this table will give a generally accurate idea of the usual scale of payment. It is intended for the entire staff of an asylum of average size and importance.

	Salary.	Extras.
Director ...	...£240 0 ...	Residence & garden, medicine, fire, etc.
Assistant Medical Officer	90 0 ...	Residence and garden, medicine, fire.
2nd „ „ „	45 0 ...	Residence, first class board, etc.
3rd „ „ „	15 0 ...	Ditto
Secretary ...	... 90 0 ...	Residence and garden, medicine, fire.
Governor (Inspector) ...	90 0 ...	Ditto
Teacher and Chaplain ..	70 0 ...	First class board.
Precentor and Organist...	15 0 ...	
1st Head Attendant ...	45 0 ...	House, fire, light, medicine, washing.
2nd „ „ „	30 0 ...	£15 for uniform.
Head Female Attendant	19 10 ...	Second class board.
Head Nurse...	... 15 0 ...	Ditto
Attendants ...	{ from 14 8 } to 10 16 }	Third-class board, uniform, rooms, and washing.
House Boy ..	... 7 4 ...	Ditto
Farm Boy ..	... 7 4 ..	Ditto
Nurses ...	{ from 10 16 } to 7 4 }	Ditto
Porter ...	... 20 8 ...	£1 10s. for uniform and other extras.
Engineer ...	... 45 0 ...	Residence, etc.
Stoker ...	... 27 0 ...	Ditto
Head Cook ...	.. 13 10 ...	Third class board, rooms, etc.
Head Laundress	... 13 10 ..	Ditto
Cooks ...	... 5 8 ...	Same as nurses.
Second Kitchen Maid ...	3 18 ..	
Dairy Maid ...	... 3 18 ...	
Scullery Maids	... 5 8 ...	

RELIGIOUS AND EDUCATIONAL ORGANISATION.

In the majority of German asylums the chaplain, an officer who is always on the staff, resides within the establishment. Whether it is better that he should be resident or non-resident is a question which has caused some difference of opinion, some authorities holding that the balance of advantage is in the former arrangement, others that it is in the latter. As to whether there should be a chaplain or not, there is no difference of opinion. His services are especially valuable among patients in whose case melancholy, temporary or permanent, is a prevailing feature, for nothing can better alleviate those feelings of distress than the

sanction and consolations of religion. Friends outside, too, are inspired with confidence from the fact that a pastor is engaged within, and when he ministers to his asylum congregation by paying a visit to the institution just as he ministers to his parishioners at large, there is less of mystery, and all seems more natural. This may be pleaded as a reason why the chaplain should be non-resident. More than once, in German works which discuss this matter, the undesirability of making the asylum into a convent or monastery has been recognised, and the tendency of the presence of religious sisterhoods, the whole machinery connected with them, and the open tokens they wear of their special quality to foster this semblance, have been detailed. Allowing for the bias of authors of the Evangelical school, there is no doubt that the conditions obtaining in certain parts of Germany, where keen Catholicism is the ruling faith, make it desirable to bear these considerations in mind.

Many asylums are nursed by religious sisterhoods, and still more have attendants belonging to religious brotherhoods. At Hamm, in Düsseldorf district, sixty-nine Franciscan Sisters are occupied in the asylum and institution for idiots connected with St. Bernhardin's Cloister. Again, nine Sisters of the same order are nursing in the asylum in Neuwied, Coblenz. Again, out of twenty-four institutions detailed in one list, seven are expressly mentioned as asylums where religious brotherhoods are engaged. The same holds good for the Evangelical deaconesses and brethren. These persons must be a valuable adjunct to the chaplain in his duties. Devoted, upon the one hand, to their Church, and, upon the other hand, to their patients, they will work in unison with the pastor, and, from their constant presence among the inmates, exert a prevailing influence, while his is only temporary and intermittent. The fear that the institution may, under such circumstances, come to wear a monastic appearance cannot be said to be baseless. Some years ago an authority of repute held that sisterhoods should be excluded altogether. But the facts do not justify so extreme a view, and nothing has been reported of any high-handed conduct on the part of the religious organisation, or of struggles between them and the medical staff for precedence, with all the inconveniences which result from such a want of harmony. It would be very undesirable if the chaplain were to place himself in a position independent of the medical superintendent. While religion is calculated to exert a healing influence in many cases,

upon the other hand it is often the region in which insanity declares itself, and gloomy and unwise teaching may have terrible consequences in deepening melancholy, and even fostering suicidal and homicidal tendencies.

It is not enough for the chaplain to be versed in theology. He must possess the amplest endowments as a man, if he is to be a success. He must labour to assist medical treatment, and maintain a constant intercourse with the medical officers ; he can do much to educate, refine, and guide the asylum nurses and attendants ; he is in a position peculiarly favourable for maintaining the harmony of the establishment, and the patients will often entrust him with their miseries and confidences when they will trust no one else. The services must be bright, and terrorising doctrines and gloomy forebodings rigidly excluded from them. It is a moot point how many patients may be expected to attend public worship. At Eberswalde 200 out of a total of 600 used regularly to be present.

Experience has shown that it is not wise to make use of an adjacent village church for service in the case of asylum patients. At Alt Scherbitz they were taken to the church in the town until disturbances occurred, when the practice was put an end to.

It is best to have a separate teacher, in the person of some one else than the chaplain. The latter has no time to undertake educational courses, even if his training has given him the capacity of doing so with effect. Besides, the functions of teaching are much more suitably associated with those of music and song. The chaplain may, however, superintend the library.

A list was drawn up of all asylums, showing the number which had chaplains of their own, and the number where the chaplain was non-resident and had additional functions in the neighbourhood. It appeared that of fifty-eight asylums with more than 100 beds, forty had resident chaplains, eleven having two, some Catholic, some Evangelical ; twenty-nine had non-resident chaplains. Of thirty-two establishments, with over 250 beds, twenty-one had twenty-eight resident chaplains among them, and eleven had non-resident chaplains.

NURSING IN GERMAN ASYLUMS.

The attendants and nurses in asylums are, as has been already shown, frequently drawn from religious orders of sisters and

brethren. Many are appointed from the ranks of ordinary working men and working women: and old soldiers who have left the army have been selected in preference to others. Army discipline was regarded as an excellent training, not to mention the use soldiers would be in drilling the patients. No doubt at first sight there is an obvious fitness in placing military men over patients in establishments where the maintenance of order is a first necessity. Very little has as yet been done to give men and women a special preparatory training for asylum duties. Character, steadiness, and reliability have been the essential qualifications sought in making appointments. It is in Switzerland, more than in Germany, that attention has been given to the question how best to train an asylum staff. That the present system is not altogether satisfactory appears from the constant dismissals and resignations among persons of this class. Young women and young men leave to get married; and this source of loss has not been met by making arrangements for married attendants to reside in the vicinity, coming on duty at nine o'clock in the morning and going home at night. Then a large proportion of applicants prove unsuitable for the position, often a trying and unpleasant one, from carelessness, inhumanity, and general incapacity. A skilled staff cannot be formed in a day, and time is required for its evolution. It appears, therefore, that random selection, from candidates presenting themselves, continues. Just as unsatisfactory is the occasional service of convalescent patients, a plan much to be deprecated. Formerly the attendants were called lunatic keepers, but this is hardly the case any longer. Their status has been raised, and their salaries now leave little to be desired. Everywhere we find arrangements made for pensions, and many funds have been established for providing them with special bonuses and assistance in age and sickness.

At Marienthal, in Westphalia, in 1882, sisters of charity took over the attendance from the old lay officials, and at Merseburg, in the same province, twenty-five sisters were engaged on the female side; and for the whole province a pension-fund has been established for the benefit of widows of attendants generally. At Marienthal sisters of charity took over the nursing and washing on the female side. At Grafenberg, in 1885, a fund was formed, to which the authorities contributed one-tenth of the amount of wages for the encouragement of a better staff. No one, however, became entitled to a share until after five years' service. In Schleswig

very serious difficulties had to be met. The attendants complained of their position, and donations were gathered to start a fund providing them with better pay. At the same time a portion was set apart for the assistance of discharged inmates—a form of benevolence wide-spread in Germany.

With regard to the number of patients to one attendant, it is laid down that there should be a proportion of from six or ten to one nurse. The actual proportion in Prussia lately was 6.42 patients to one attendant, and at Jena there were nine or ten.

SALARIES AND PENSIONS.

At Andernach the annual average remuneration of these individuals is £15. This sum is very much less than the charge made to patients of the upper classes for private attendants. In Schleswig a male attendant, specially detailed for a single patient, is charged for at the rate of £25, a female attendant £22 10s. per annum; at Marienthal, in Westphalia, the corresponding charges are £25 and £20; at Andernach, in Rhineland, for one £19 16s. and for two attendants £30.

Reference has already been made to the position of the head-attendants upon the male and female side; to the situation of their apartments, the amount of accommodation provided for them, and the emoluments they receive. It is their duty to make special reports daily to the director so soon as he appears in the morning, and to superintend the rest of the staff in their departments.

At Colditz, in Saxony, all State servants, inclusive of all members of the superintending staff, are, as such, entitled to pensions. In 1868 a general pension fund for all the attendants and servants throughout all the institutions belonging to the kingdom was founded. There are no pensions at Düsseldorf. At Eberswalde, on the other hand, all attendants are entitled to pensions from the province. At Grafenberg only the head-attendants have pensions, the remaining sixty-one not being so entitled. At Heppenheim only the first four officials, who are nominated by the Duchy of Hesse, are entitled to pension. At Hildburghausen, in Sachsen-Meiningen, only the director, governor, and book-keeper are pensioned. Hildesheim assists all attendants and nurses who are incapacitated for service. At the private asylum of Kaiserwerth, in Rhine Prussia, a branch of the local deaconesses' establishment, all deaconesses who are no longer equal

to their duties, receive maintenance until death. At Kaufbeuren, in Bavaria, there is a special "sustentation fund" for all the inferior officials, with special statutes. The fund is controlled by the board of management of the institution, and, at meetings for business, representatives of the officials concerned act in committee with the director. Upon the whole, although there is a great want of uniformity, the majority of the higher officials are pensioned by the State or province, and the others, if not by these same authorities, from special funds.

It has been proposed to found two seminaries for training attendants in Rhineland, the first cost to be borne by the province. The pupils are to number from twelve to twenty, and are to receive special practical instruction in the institution at the hands of the director. The course is to last for six months, during which period board and lodging will be provided. At the end of that time they will receive salaries, and, later, be entitled to pensions.

DOMESTIC ADMINISTRATION.

There is little calling for special remark upon this subject, many facts having been already mentioned incidentally as to the number of those concerned with the stores, kitchen, and wash-house.

The cooking is usually done entirely within the asylum, although, where the establishment is dependent upon a hospital, the kitchens of the latter serve for both. It falls within the province of the director to see that the commissariat is regularly conducted, and that the stores are sufficiently stocked. The arrangements of the dining-hall are of moment, and one or two special features deserve notice.

At Heppenheim, in Hesse, a new refectory was completed in 1883. The food is served ready in large tureens through an opening in the wall between the kitchen and dining-hall, two attendants serving, and four acting as waiters. The meal lasts some twenty-five minutes, and then the remnants and dishes are returned to the kitchen. The attendants and other servants dine later, in two parties, in the same apartment. This arrangement has worked well. The chief advantages are that the hall is near the kitchen; the inmates do not take their meals in the wards, and everything can be easily superintended.

Between October 1st, 1883, and March 1884, although seventy-three patients dined twice daily, midday and evening, the porcelain and glass dishes met with no damage.

Superintendence at meals is a matter of no small consequence, and the head attendant, head cook, and other officials, in virtue of their grave responsibilities, must be adequately remunerated and thoroughly reliable, which, indeed, is generally the case.





CHAPTER X.

AUSTRIA-HUNGARY AND SWITZERLAND.



THE history of asylums in the Austrian province or Crownland of Salzburg, as the term for this Imperial Duchy more properly is, offers many instructive features. It is only within the last quarter of a century that the dual monarchy has been excluded from Germany, but, however complete the separation may be politically, it hardly obtains at all socially. The Hungarian monarchy, notwithstanding its large German population, stands apart; but the rest of this wide dominion is very much like its northern neighbour.

THE SALZBURG ASYLUM.

Salzburg, a frontier province adjoining Bavaria, which has passed from the rule of one power to that of another over and over again, is indebted for its asylum to Prince Bishop Hieronymus, who founded it in 1782. Before that time there appears to have been an infirmary for the poor and the working-class of the town, subordinate to a religious foundation, which included three or four small houses where raving lunatics were incarcerated. A servant of the home looked after them, and an official medical man treated their mental condition. The brethren paid all expenses. The patients, however, were exposed to vulgar curiosity, and became sport for the public.

The funds required for the new foundation were made up partly from the Lazaretto property—from which £1,500 were taken by the bishop himself, who contributed £400, and made over a fund for lunatics reaching £400 more—and partly by collections from the

citizens. The plans were completed by 1783, and a building furnished with wings was erected at a cost of £1,050 on the site of the old home. In 1801, overcrowding was complained of, and additions had to be made to the building. Next year came the secularisation of these religious establishments, and in the political commotions of the times Salzburg passed successively under the dominion of Tuscany, Austria, France, Bavaria, and Austria. In 1818 there was a conflagration, and the whole building was burnt to the ground. The lunatics were then located in an institution where they have remained until to-day. The alterations and extensions just referred to had cost £600; and a further sum of £250 was made over by the town on behalf of the poor who were unable to pay.

Although the asylum was for the town, it was under the management of the Imperial authorities, and at that time a new tax, which was proposed to be levied, gave grounds for the expectation that the insane would be cared for without charge.

Most of the insane of Salzburg were admitted in the first instance into St. John's Hospital, and it was only when all possibility of cure was given up that they were transferred to the Linz or Salzburg Asylum. In 1852 the latter institution was completely reorganised, and placed under the charge of the sisters of St. Vincent of Paul, who received in payment the moneys charged for maintenance. Nine years later, the control of the whole passed over to the Council of the Crownland. But besides the St. John's Hospital, the following also received lunatics, viz. :— the infirmary or leprosy house in Mählen, the hospitals in Schornberg and Schwarzach, and the Linz Institution; so that there were in all six different establishments receiving lunatics from the province. It appears that lately those taken into the St. John's Hospital numbered annually between thirty and forty, and at Schornberg the sisters of mercy admitted fifteen or twenty cases suffering from idiocy, lunacy with epilepsy, or paralysis. In 1867, for a population of 150,000, there were returned 265 insane and 918 idiots in Salzburg province.

LUNACY PROVISION IN VIENNA.

The capital of Austria-Hungary owes a thorough reorganisation of its Lunacy system to the Emperor Joseph II, who succeeded to full power on the death of Maria Theresa in 1780. At that time

the General Hospital had three departments—the hospital proper, the lying-in-establishment, and the madhouse—and the Emperor named his body-surgeon its director, in whose hands were united both the medical and managerial functions. The religious welfare of the patients was seen to by two of the clergy who resided in the town. But after this period of vigorous reform came an epoch of reaction. Then, in 1838, Schiffner was made Medical Superintendent. He had before this wished to start a private asylum, but had been unable to do so because the authorities thought he had not sufficient knowledge. Viszanik, who became head doctor of the hospital in 1840, took over the asylum department, and in 1846 became teacher of psychology.

Since 1851 the Vienna hospital has been the property of the State, or, more correctly, of the representatives of the hospitals fund, and is in economic respects under the management common to the three State institutions of Vienna. The asylum consisted originally of an Idiots' Tower and Lazaretto: in the former were confined, ever since 1803, the maniacal and delirious; in the latter, quiet and cleanly cases, whose cure might be hoped for. Very little humanity characterised its administration, as Franck pointed out in 1806.

After the year 1817 an entirely separate department was provided for the insane; some were transferred to homes in Mauerbach and Ybbs, and it was proposed also to purchase a house in a suburb of Vienna. The next scheme was for the erection of an entirely new asylum; but although the plans were all ready in 1826, the general financial state of the Empire put their execution out of the question. Another proposition, advanced in 1840, was for the erection of two asylums for Lower Austria—one in Vienna, and a second for the country districts. The then medical superintendent proposed to buy up the Gorgen private asylum at Dobling, and rebuild it for curables; to retain Ybbs for quiet incurables, and to relegate maniacal patients to the Tower—a scheme which proved much too costly. Finally, in 1848, plans were laid before, and sanctioned by, the Emperor, estimated to cost £120,000. Building operations lasted for four years, so that the opening was delayed until 1853. The site was on a gentle elevation, the park was 60,000 square klafter (about 53 acres) in extent, and accommodation was provided for 553 patients. At first the Lazaretto and Tower formed part of the asylum, but in 1857 the former was given back to the city of Vienna, whose property it had

originally been ; while the latter was done away with in 1869. The asylum belonged to the State until 1865, when it passed to the province of Lower Austria. The clinic was founded in 1870.

LUNACY STATISTICS FOR AUSTRIA.

Passing to statistics for the Austrian Empire, it appears that there were in 1885 twenty-six asylums—public and private—in the various kingdoms and crownlands represented in the Imperial Parliament, and four in Hungary. The former series of institutions in 1885 treated 12,167 patients, of whom 2,996 were discharged, and 1,503 died. Treatment-days numbered 2,609,496, showing an average per patient of 216. The four Hungarian asylums treated in all 2,329 cases, of whom 576 were discharged and 357 died ; the treatment-days totalling 509,763, or an average per patient of 218. In military hospitals there were seventy-three lunatics.

The figures for the previous year may be compared with these, and are in some respects more full and satisfactory. In 1884 there were twenty public and five private institutions for the insane in Austria, with a total of 7,571 beds, which treated 11,448 patients, being an increase of 2.4 per cent. over 1883, and of 5.1 per cent. over 1882. There was one institution to 879,273 Austrians, one bed to 2,903, and one patient to 1,920. In the year 1883 it appears that 8.3 per cent. of the number resident were discharged cured, and in the previous year 7.7 per cent. Lunatics outside these establishments numbered 19,678 in 1884, and 19,820 in the previous year ; *crétins* having been returned in these years as 15,717 and 15,715 respectively. Per hundred thousand inhabitants there were under official cognisance in Carinthia 328, in Salzburg 315, in Galicia 46, and in Bohemia 33 persons of unsound mind.

The following table gives some interesting results of the census in the Tyrol, with a total population of 779,062.

Table showing the Insane Population of the Tyrol.

Where Found.	Lunatics.	Idiots.	Crétins.
Not in institutions ...	654	371	532
In benevolent institutions ...	287	80	45
In the Crownland Asylum ...	228	14	—

The census papers were sent to magistrates and overseers of parishes, and were filled in for towns by local medical officers, for country parishes by overseers.

ASYLUM ACCOMMODATION IN AUSTRIA.

The principal asylum in Hungary is that of Leopoldsfelde, near Ofen, an independent institution for curables and incurables. It is specially for Hungarians, receiving also patients from other quarters, and is subordinate to the Ministry of the Interior. It was opened in 1868 for 800 patients, the buildings and arrangements having cost £195,000. The funds were accumulated in part by the Emperor Joseph II, were added to by the present Emperor, and the fittings were charged as donations upon the Royal Treasury by order of Parliament. All officials are pensioned according to the ordinary rules, and all servants after ten years' service.

Ofen has also a private asylum with accommodation for 100 patients, and there are departments for the insane in connection with the following general hospitals : Ofen, Pesth, Pressburg, Erlau, Papa, Grosswardein, Saujhely, Frencsin, Neutra, Arad, Miskolu, Sregrard, Kaposvar, and several others.

Besides the provincial asylum for the Crownland of Lower Austria, Vienna possesses a clinic, forming a department of the General Hospital, and four private asylums, the daily charge for patients in Dr. Svetlin's ranging from eight shillings a day upwards.

The normal number of patients in the main Vienna asylum being 700, there was in 1887 an excess of 101. There had been admitted from families 156, from the clinic of the General Hospital 651, and from other institutions 8 ; 583 patients belonged to Class III ; 354 patients were placed in isolation for 16,800 days. No mechanical restraint had been employed. A legal commission visits the institution, goes among the patients, examines them, and reports if they really require incarceration. In the year just mentioned this commission spent 84 days in the performance of its duties. In the previous year there had been repeated complaints of want of room, and also of the presence of criminal lunatics. At that time the excess was 75. Accordingly the Rothe Hof, near Kierling Gugging, was hired for 104 patients. The commission had been present on 77 days, and certified lunacy in 112 cases, idiocy in 233, and mental soundness in 95. There had been no less than 148 changes in the attendant staff ; 63 of the attendants having left after notice, and 85 having been dismissed. A society assisted 247 discharged patients with a sum of £482. In

1889 there were 38 admissions from families, 737 from the clinic in connection with the General Hospital, and 20 from other institutions. 382 cases were isolated for 17,054 days, and mechanical restraint was employed on two occasions. There were 44,675 visits paid to 1,327 sick.

In some parts of Austria cases come to light which show the existence of much barbarism even in the present century. Thus in Steyermark a patient was discovered in family custody who had been kept chained up for nine years.

In Prague, the capital of Bohemia, there is a very large asylum, with over 1,300 beds, intended for the political division of Prague. The total number of officials is about 130, including 7 physicians. In addition, three volunteers are received for periods of three months, who, in return for rooms, fire, and light, assist in the medical conduct of the establishment.

Overcrowding has been complained of for a long time, and in most other districts as well. Brunn Asylum, which was built in 1863 for 300 patients, actually has 471, and is to be enlarged immediately. Gratz, built for 300 a few years ago, has already 375 inmates.

A new asylum is in prospect at Dobrau, near Pilsen, with an agricultural colony; otherwise colonisation has hardly been practised in Austria, although 10 per cent. or 20 per cent. might go into such institutions.

With regard to the average cost of maintenance, the following figures will be sufficient:—At Niederhart, per patient per day, 90.5 kr. (1s. 9½d.); at Prague, 73.20 kr. (1s. 5½d.); at Kosmanos, in Bohemia, 22.19 kr. (5½d.); at Feldhof, 91.15 kr. (1s. 9¾d.); while at Kainbach, Lankowitz, and Hartberg the charges are 42.15, 42.01, and 59.18 kr. respectively, equivalent to amounts of 10d. and 1s. 2d.

At Hall, in the Tyrol, in 1887, there were 10 criminal lunatics, and there is not any separate criminal asylum.

There are several clinics in full working order, but objections have been raised to having a professor as medical superintendent—above all, when he is non-resident. In Vienna, the clinical professor, who has two assistants under him, occupies a special department, distinct for the two sexes. Regarding the general arrangement of the staff, it is to be mentioned that in Vienna and Prague the superintendent has under him two first assistants, and each of these again has under him two second assistants.

ASYLUM ATTENDANTS IN AUSTRIA.

The male attendants have much deteriorated in quality since the supply of old soldiers fell off, and the incessant changes have been already referred to. Admission and discharge of patients take place upon a uniform plan, regulated by law. Notification must be made to the police within twenty-four hours, after which, within a fortnight, a commission, including a medical man, examines into the mental state of the patient. If found well the patient is dismissed within twenty-four hours.

Visiting is freely permitted. Washing and provisioning are given out to private parties, except at Gratz, and thus an abundant source of employment for female patients is lost.

It is to be remembered that Austria possesses certain Italian provinces. Trieste has 250 lunatics of the neighbourhood in the Ospedale Civile; part being located with the epileptics, another part in a separate establishment beautifully situated outside the town, which was a century ago the residence of a bishop, and then became a general hospital. It is in contemplation to build a new asylum, and £30,000 is already collected for the purpose. It is said that curables who remain at home are treated by baths and wise-women, who bleed and maltreat their charges in a most barbarous manner.

SPECIAL INSTITUTIONS IN AUSTRIA.

An institution for idiots on the Hradschin, near Prague, in premises that once formed a princely palace, deserves a word of notice. It was founded a few years ago by the St. Anna Ladies' Society, who purchased the buildings for £12,000. The pupils are arranged for instruction in four classes, as follows:—Class I, day class in a schoolroom with walls corresponding to the directions of the compass, with windows to the north, and pictures on the walls. There is a family feeling, and education is by means of playthings. Class II, week class, with representation of the seven days of the week and the seven sacraments on the walls. Class III, year class, with pictures of the months and the patron saint for study. Class IV, the secular or highest class, from which the pupils pass out into the world.

Austrian Lunacy Legislation is dealt with in the special chapter devoted to that subject, but it may be mentioned here that in the Austrian law, it was laid down in 1870 that parishes should keep under observation their lunatics who were not in regular places of restraint; but by section 140 of the Austrian Criminal Law, a patent of 1805, which rendered silence upon the part of friends a penal offence, ceased to be in force.

Nothing remains to be added regarding management, except that the Council for the Crownland is the Asylum Board, represented by the director in residence. Private establishments are largely under some local bodies.

SWITZERLAND.

The asylums of this romantic country are in the main so thoroughly German in their plan and management that to enter into a full discussion of them would only be to repeat what has been written for the German Empire. The people are preponderatingly German, and so is the language; but the institutions are democratic, while those of Germany are imperial. The various Swiss cantons are autonomous, and consequently far more independent than the states and provinces which form the German Empire. The high degree of centralisation obtaining in the latter realm is quite opposed to the vigorous independence of the component parts of Switzerland. This fact, in some measure, affects the relationship of public institutions to the State; but, owing to the gradual growth of provincial authorities in Germany, the asylums there have fallen more and more under provincial control, just as they are in Switzerland under the control of the cantons. Popular control in Germany, however, has not reached the point which has been chronicled from Graubünden, where the people, by a very large majority, confirmed a decision of the Council for the erection of a new cantonal asylum.

But besides fifteen German cantons, Switzerland has the Italian canton, Ticino, and the three French cantons of Geneva, Vaud, and Neuchâtel. The former has no asylum, and no cantonal care of the insane, while the asylums in the latter three present certain

French peculiarities. Thus, the establishments at Vernets in Geneva and Bois-de-Cery in Waadt are both under the Home Office—Ministry of the Interior—of those cantons.

LUNACY STATISTICS IN SWITZERLAND.

A very large number of lunatics in proportion to the population are located in asylums in Switzerland; one to 718 individuals being in confinement in 1881, and in 1864 even one to 985. These numbers are three times as large as those for Austria, and considerably higher than those for the German Empire. The census of 1870 showed 7,764 persons of unsound mind altogether in Switzerland, but this number is probably far from the truth. Returns made by medical men themselves sometimes differed by as many as 100 cases in a single canton. Moreover, for single cantons the proportion of lunatics to population returned was for Berne one in 180, Aargau one in 154, Solothurn one in 225, and Zürich one in 192, figures which are so astonishingly high when compared with almost all other countries, and so inconsistent as regards Switzerland itself, that grave doubt must be entertained of their reliability. Of the total of 7,764 insane, 3,955, or very nearly one-half, were in public or private keeping—a result quite in agreement with experience elsewhere. In the nineteen public asylums there were 3,709 cases and thirty-six medical men, showing an average of 195 cases to an asylum, and a medical man to 103 cases; in the twelve private asylums there were 246 sick and twelve doctors, so that each asylum and also each medical man had twenty patients assigned to them on the average.

The surplus cases are partly located in workhouses, partly in certain curious faith-healing establishments, often in the families of peasants to whom they are given in charge by the cantons, or in the houses of physicians who do not possess private asylums properly so called. There is no exact return of the number of *crétins*. They are chiefly found in the valleys and they are very widely spread. It appears, however, that they are gradually becoming less and less numerous.

There are university clinics in connection with the asylums in Basel, Berne, Geneva, and Zürich. The cantons of St. Gallen, Basel, Thurgau, Aargau, Berne, Zürich, Freiburg, and Waadt possess aid societies which grant sums of money for the assistance

and support of discharged lunatics when they return to their own homes.

As might be expected, every visitor to Swiss asylums writes in enthusiastic terms of the beautiful surroundings of these institutions, so favourable for the recovery of patients, whether in public establishments or in colonies, or undergoing private treatment. The Rheinau Asylum, reserved for incurables, was once an ancient Benedictine abbey. It is on an island in the Rhine, about an hour's ride below Schaffhausen, and connected with the right bank of the river by a bridge. Close by is a fine church belonging to an adjacent parish. At Préfargier there are magnificent walks and there is also bathing in the lake. The Waldau Asylum stands at the foot of a richly wooded hill, and that of St. Pirminsberg is beautifully situated on the Rhine as it enters the Lake of Constance. This also was once a cloister, and one is reminded of the fact everywhere—in the square form of the building, in the vestibule and in the stairs of polished marble.

PRIVATE MUNIFICENCE TOWARDS SWISS ASYLUMS.

Perhaps it is a consequence of the prevailing democratic spirit of the Republic that much has been done for Swiss asylums by private benefactors. The Asylum of Préfargier in Neuchâtel was built, endowed, and presented to the canton by Von Meuron, a citizen of the capital. It is principally a cure-asylum, and is managed by a committee originally nominated by the founder, but now chosen by vote, except that two members of Von Meuron's family and a member of the cantonal Council must always have seats on the board. Becoming overcrowded, an establishment for incurables had to be erected. Foreigners make very large use of the advantages offered here. They are charged for accommodation on the first floor £1 4s. per diem, on the second £1, and on the third 12s. It appears from the accounts for 1880 that of the total yearly expenditure of £5,663, a sum of £5,362 was paid by boarders. The railway station is St. Blaise, near Neuchâtel. The town of Basel owes its new asylum to the munificence of a lady, Frau Merian, who gave a sum of £16,000 for its erection. The accommodation formerly consisted of a cure-institution, founded in 1842, and of a separate home for incurables, dating from 1855. The town also possesses a private institution for weak-minded children, conducted by a private association, and established in 1857.

CLASSIFICATION OF SWISS ASYLUMS.

A division of asylums upon the one hand into those for presumably curable patients, and upon the other for incurables, pervades the whole Swiss system. It is not only that weak-minded children, and idiots and imbeciles of tender years, are placed in special private asylums where education is as far as possible prosecuted with a view to strengthen their limited faculty ; beyond that, persons of whose recovery there is a chance, are received into institutions maintained principally for their class, while cases which have become hopeless, are drafted out to other establishments.

Among homes for afflicted children are the following :—Weissenheim, in Berne, erected by Christian benevolence, with twenty girls and six boys, under a committee of five gentlemen and four ladies, only such cases being discharged as have proved incapable of education, or are able to enter upon outside occupation. Bellevue, in Neuchâtel, where there are ten pupils under a State board of instruction ; and Etoy, in Waadt, where they are placed in a family boarding-establishment. The cure-asylums are well defined as such at Zürich, Burgholzli, whence incurables are at once transferred to Rheinau ; at Basel town, where, besides a hospital department for sixty curables, there is a department for forty incurables ; Münsterlingen, where there is a department in the hospital for curables under the cantonal health office ; and Préfargier. There are care-asylums at Realta in Graabünden under the lesser council ; at Rheinau, in Zürich, where, in 1880, there were 603 patients, all incurables ; and on the estate “Zur Hoffnung” in Berne, under the Government Health Office.

There is a notable colony at Stammheim, canton Zürich, consisting of an institution of eleven beds, and eighty peasant and artisan families, each of which receives one patient in charge. The expense of board in the asylum is from 2s. 6d. upwards, and in the colony 10d. and upwards, daily.

With regard to family treatment it is to be remarked that there are three sets of patients,—those who after recovery have been returned to their friends, and are no longer under special observation ; those who remain insane, but are under official observation ; and those placed in private keeping near and under observation of the authorities of an institution.

The majority of the Swiss asylums, some independent, others dependent upon hospitals and supplied with necessaries from the hospital stores, receive both curables and incurables. They are public asylums, the property of the cantons, and managed by the cantonal council, not always directly, but through some special health committee or board. The Schaffhausen Asylum, consisting of seven wards in the hospital, where only patients from town and canton are entitled to be admitted, is under a hospital committee, whose president is a member of the town council. The Marsens Asylum for the canton of Freiburg is under a committee of five, with the director of the Home Office as president. The asylum department of the cantonal hospital of Liesthal is managed by the executive committee for the poor. The health department of the council manages the St. Katharinenthal Asylum in canton Thurgau.

ASYLUM ACCOMMODATION IN SWITZERLAND.

Accommodation has been much extended in recent years. A writer in 1846 stated that at that time there were thirteen cantons where neither State nor police did anything on behalf of the insane. In three others the authorities transferred them to workhouses and infirmaries, while five had asylums more or less in connection with hospitals. Only four cantons had independent establishments for the insane, namely, Basel town, founded in 1842, St. Gallen in 1845, Neuchâtel and Geneva in 1838. Matters have greatly improved since then, especially in Zürich, where the care-asylum of Rheinau was opened for 600 patients in 1867, and Burghölzli care-asylum for 260, in 1870.

There is, however, as was to be expected, considerable overcrowding. The report for the Waldau Asylum in 1888 complained of overcrowding. At this institution 162½ acres of land are farmed, and there are forty-seven cows. The annual cost per patient was 651 frs. (£26). By the poor-law of the canton of Berne 173 patients were placed in other institutions and private families, at a cost of 95,497 frs. (£3,820). The St. Urban Asylum, only opened in 1873, is overcrowded. It was built for 200 patients, and in 1878 accommodation was added for fifty more, but there are at present fifty in excess of that number. The estate amounts to 175 acres, with live stock including forty-seven cows and six horses.

SWISS ASYLUM NURSING STAFF.

Although as long ago as 1867 elaborate proposals were brought forward for training an active nursing-staff, this matter still causes great difficulties. It was at that time proposed to inform the public upon nursing topics, make a careful selection of candidates, establish a preparatory period of training to last a month, increase wages, and introduce social entertainments for the nursing staff. At Burghölzli, in 1885, the first proposals were made for a pension fund in Switzerland. But, notwithstanding this, there appears to be much dissatisfaction, on the part both of the attendants and of their employers. At Basel, in 1888, constant changes in the staff were mentioned; and at Burghölzli, in the same year, out of forty-seven attendants and nurses, thirty-seven left. A remedy for this state of things still remains to be discovered.

It may be mentioned incidentally, in conclusion, that the cost per bed of the Zürich Asylum was £375; of those in St. Urban, Königsfelden, and Préfargier, £300 each. At St. Urban the daily cost per patient is 2¼ frs. (1s. 10¼d.), at St. Pirminsberg 1 fr. 81 cent. (1s. 6d.).





CHAPTER XI.

ITALY.



It is a matter of very great difficulty to obtain complete statistics with regard to insanity in Italy, as many institutions decline to furnish the returns asked for by the Statistical Department. Why there should be this unwillingness on the part of the asylum superintendents, or why it should be tolerated by the central authorities, is not clear, but the fact has to be accepted. Perhaps it may to a certain extent be explained by the circumstance that the treatment of the insane in Italy is really a matter of very modern history, and that the laws governing the lunatic asylums are still in an unfinished and somewhat unsatisfactory state. Prior to the consolidation of the States into one kingdom there were no lunacy laws properly so-called, admission to the asylums being regulated either by the police or by the authority of the provincial governors, prefects, or the judicature. The system now obtaining in the kingdom is somewhat similar to the Belgian arrangements, the local authorities being charged with the immediate government and maintenance of the institutions within their jurisdiction, while the supervision of all the asylums, public and private, devolves in theory upon the Minister of the Interior, and in practice is effected by inspectors, deputed by the prefects and sub-prefects to visit them and report upon their condition and administration.

From the information, however, which has been available, we gather that there are 50 establishments in Italy devoted to the insane. Of these, 38 are public asylums, and, in addition to pauper lunatics, they admit a certain number of private patients at fixed charges; the remaining 12 asylums are private properties, and in

addition to paying patients, receive some of the indigent insane. Besides these asylums, there are also, in many hospitals, wards for the study of mental diseases, and special wards for the insane.

Of 69 Italian provinces 34 are provided with asylums, while the others send their patients either to the associated asylums or, by special agreement, to those of other provinces. The 34 provinces mentioned above are again subdivided, 16 having their own hospitals with provincial administration, and 18 having institutions which are the property of the charity organisations, or *Opere Pie*, and administered by them.

PROVINCIAL ASYLUMS.

The asylums dependent upon provincial administration are technically called *Manicomios*, and correspond nearly to the French departmental asylums ; with this difference, however, that they are controlled by a special administrative commission instead of a responsible director subject to a supervising committee and under the authority of the prefect. They are to the provincial council of their province what the French departmental asylums are to their departmental general councils. In June 1881 there were 17 such asylums, with a population of 7,887 lunatics.

ASYLUMS BELONGING TO THE OPERE PIE.

The asylums belonging to the *Opere Pie* are really independent charitable institutions, being corporations, and having a patrimony absolutely distinct from the property of the province. They correspond to the French asylums at Aix, Armentières, Bailleul, Bassens, Bordeaux, Cadillac, and Marseilles. In June 1881 there were 21 such asylums, with a population of 9,099 lunatics. It may be mentioned here that the *Opere Pie* are very similar to the organisation known in Paris as the *Assistance Publique*. They possess institutions of several classes, comprising ordinary hospitals, hospitals for chronic and incurable cases, seaside homes, homes for ricketty children, lying-in hospitals, foundling hospitals, homes for nursing infants, orphanages, asylums for widows, poor-houses, lunatic asylums, and homes for deaf-mutes and the blind. They draw very considerable revenues from invested property, and from special appropriations made to them by the provinces, communes, and the State.

PRIVATE ASYLUMS.

At this same date there were in Italy twelve private asylums. There appear to be no specific regulations as to the class of persons who may keep these establishments, but, before one can be opened, permission has to be obtained from the prefect of the province, who is bound to see that proper guarantees are forthcoming that it will be conducted in a satisfactory manner. It would seem to be a matter of considerable difficulty to withstand the objection that such establishments are likely to be maintained rather for the pecuniary benefit of the proprietor than the mental advantage of the inmates. But it is noteworthy that several of the private asylums of Italy receive non-paying, as well as paying, patients, and, that they are all subject to the same government inspection as the public institutions. The definition of a private asylum is rather a wide one in Italy, inasmuch as every person who undertakes the charge of one or more lunatics not members of his own family, either gratuitously or on payment, is understood to keep an asylum. It follows, therefore, that in these private establishments is comprised the provision for the insane represented by registered hospitals and licensed houses in England, and also that for private single patients and outdoor lunatics, or harmless cases residing with friends. From this it might be supposed that a large number of unreported lunatics are boarded in private houses and that the number of establishments falling under this category would be very considerable. As a matter of fact, the actual number so classed in 1881 was, as we have said, only twelve, with an aggregate population of 613 lunatics. These figures suggest that the system of receiving patients into private houses, as we understand it, has hitherto met with no favour in Italy, but that the larger asylums, even in their present condition, are considered preferable to private establishments for the insane.

CRIMINAL ASYLUMS.

There is only one criminal asylum actually in existence in Italy, and that is at Aversa, close to, but quite distinct from, the other lunatic asylum. It receives the insane criminals from the central States of Italy. Two other institutions of a similar character are

projected for the northern and southern States respectively. The question of insane criminals is a very vexed one, and will probably form an important feature in the scheme for a uniform set of lunacy laws for the entire kingdom.

INSANE WARDS IN GENERAL HOSPITALS.

Some of the Italian general hospitals set apart special wards for insane patients, but they present no peculiar features, and correspond to similar establishments in France. A few other lunatics, presumably of a perfectly harmless type, are received in almshouses for poor and aged people. The total number of insane confined in these two classes of institutions in June 1881 only amounted to 812.

It may be mentioned incidentally in this place that State asylums, such as the French establishment of Charenton, do not exist in Italy. The nearest approach to such an institution is the asylum at Turin, which is a royal foundation. The royal commission out of which it arose was not under the jurisdiction of the Ministry of the Interior, and consequently the Turin asylum enjoys the same autonomy as those mentioned above, which are dependent upon the charity administrations.

DISTRIBUTION OF INSANE POPULATION.

It follows from the figures quoted above that the number of insane confined in all the establishments of the kingdom in June 1881 was 18,411, divided as follows, under the head of the establishments in which they were collected :—

In the 17 asylums dependent on provincial administration	7,887
In the 21 asylums dependent on the Opere Pie	9,099
In the 12 private asylums	613
In various hospitals, poor-houses, and so forth	812
<hr/>	
Total	18,411

It should be mentioned that this total does not include insane criminals in the various prisons.

The following table shows the distribution of these 18,411 lunatics according to the different *regions* of Italy and to the public or private establishments in which they are to be found :—

Table showing the Insane in Asylums in the Regions of Italy.

REGIONS.		No. of Insane.	Public Asylums for the Insane.	Private Asylums for the Insane.	Alms-houses, etc., which admit the Insane.
Piedmont	...	2,123	4	2	1
Liguria	...	937	3	—	1
Lombardy	...	3,131	8	4	1
Venetia	...	2,460	3	—	12
Emilia	...	2,731	6	—	1
Umbria	...	378	1	—	3
Marches	...	977	4	—	—
Tuscany	...	2,210	3	1	—
Latium	...	826	1	—	—
Neapolitan Provinces	...	1,632	3	5	—
Sicily	...	935	1	—	—
Sardinia	...	71	1	—	—
		18,411	38	12	19

According to this table, Lombardy, with the largest number of insane confined, is the region with most public asylums, Emilia being next, both as regards the number of lunatics and the institutions for their reception. Then come Piedmont and the Marches, with a considerable number of asylums in proportion to that of their lunatics, the asylums in these regions being all of only medium capacity.

If Italy be divided into three large geographical sections—Upper, Central, and Lower with the Isles—the distribution of lunatics and lunatic asylums will be as follows :—

DIVISION.		No. of Insane.	ASYLUMS.	
			Public.	Private.
Upper Italy	...	8,651	18	6
Central Italy	...	7,122	15	1
Lower Italy with the Isles	...	2,638	5	5
		18,411	38	12

These figures show a great inequality in the distribution of the insane over the regions of Italy, but this inequality is explained by a comparison of them with the total population of these regions. The following table shows the proportion of the insane to the total population :—

Table showing the Proportion of the Insane to the total Population.

REGIONS.			Insane. 1st Jan. 1881.	Population. 31st Dec. 1881.	Proportion of Insane to every 10,000 inhabitants.
Piedmont	...	..	2,123	3,069,188	6.91
Liguria	...	...	937	893,027	10.49
Lombardy	...	...	3,131	3,680,292	8.13
Venetia	...	...	2,460	2,813,187	8.74
Emilia	...	...	2,731	2,184,470	12.50
Umbria	...	...	378	572,070	—
Marches	...	...	977	939,150	10.45
Tuscany	...	...	2,210	2,207,848	10.00
Latium	...	...	826	903,265	9.14
Neapolitan Provinces	...	...	1,632	7,585,373	2.16
Sicily	...	...	935	2,922,757	3.16
Sardinia	...	...	71	682,012	1.04
			18,411	28,452,639	6.47
DIVISION.					
Upper Italy	...	...	8,651	10,455,694	8.27
Central Italy	...	...	7,122	6,806,803	10.46
Lower Italy with the Isles	...	...	2,638	11,190,142	2.36
			18,411	28,452,639	6.47

From this table there would seem to be a much greater number of insane in Upper and Central Italy than in Lower Italy and the Isles ; but this disproportion is due not to the number of lunatics, which appears to be actually lower in the southern provinces, but to the fewness of the establishments found therein. The statistics are based upon the returns furnished by the institutions, and consequently the large number of lunatics who are not admitted to asylums does not appear at all. If proof of this be needed, it will be found in the fact that of the thirty-five provinces which have no establishments for the insane, seven belong to Upper Italy, which has twenty-two provinces ; eight to Central Italy, which also has twenty-two provinces ; and twenty to Lower Italy, which has twenty-five provinces.

If the provinces are divided by regions, the following results are shown :—

Table showing the Provinces with and without Asylums in the Regions of Italy.

DIVISION.	REGIONS.	No. of Provinces contained in each Region.	Provinces with Public Asylums.	Provinces without Public Asylums.
Upper Italy ...	Piedmont ...	5	4	1
	Liguria ...	2	2	—
	Lombardy ...	7	7	—
	Venetia ...	8	2	6
Central Italy ...	Emilia ...	9	5	4
	Umbria ...	1	1	—
	Marches ...	4	4	—
	Tuscany ...	7	3	4
	Latium ...	1	1	—
Lower Italy with the Isles ...	Neapolitan Provinces	16	3	13
	Sicily ..	7	1	6
	Sardinia ...	2	1	1
		69	34	35

That the number of lunatics in the Neapolitan provinces may really be greatly in excess of the number received in the few asylums this region possesses, is proved by the fact that many of the patients of this kind coming from these provinces are to be found in the asylums of Central and Upper Italy—for instance, at Macerata, Pesaro, Bologna, and Voghera. Moreover, the necessity of founding institutions for the reception of the insane who are still unprovided for is strongly recognised in Southern Italy. Catanzaro has already made provision for them. Caserta, Salerno, Avellino, Foggia, Bari, and Campobasso have combined to open an establishment, and Teramo is about to found one for its own lunatics. By degrees, therefore, this apparent superiority in the condition of the southern provinces, when compared with Upper and Central Italy, will disappear; and the increase in the number of the insane, which must then be shown in the returns made by these provinces, will only prove that the necessity of making proper provision for persons suffering from mental disease within the confines of each province has at length been recognised, and not that the number of cases is actually larger than it is at present.

CAPACITY OF ITALIAN LUNATIC ASYLUMS.

Divided according to their capacity for the maintenance of lunatics, the Italian asylums form six groups as follows (their actual population in June 1881 being shown within brackets) :—

1. Asylums with a capacity for more than 1,000—Mombello (1,137).

2. With a capacity for 800 to 1,000—St. Clement, Venice (998), Palermo (935), Siena (909), Turin (903), Aversa (875), Rome (826), Florence (813).

3. With a capacity from 600 to 800—Genoa (751), Imola (745), Reggio (714).

4. With a capacity from 400 to 600—Bologna (591), Naples (579), St. Servolo, Venice (573), Racconigi (449), Lucca (449).

5. With a capacity from 200 to 400—Pesaro (385), Novara (359), Como (357), Voghera (341), Brescia (340), Alessandria (315), Perugia (312), Ferrara (285), Parma (269), Bergamo (267), Ancona (259), Macerata (238), Verona (208).

6. With a capacity of under 200—Cremona (142), Mantua (139), Bolzaneto, Genoa (132), Plaisance (111), Fermo (95), Crema (77), Cagliari (71), Portmaurice (41).

It is obvious from these figures that small establishments are the rule in Italy, twenty-one of the above-named thirty-seven institutions holding less than 400 lunatics; the eight institutions in the sixth group indeed cannot be classed as asylums, being merely insane wards attached to the ordinary hospitals. If these, however, are left out of consideration altogether, it will still be found that small establishments preponderate, as, of the remaining twenty-nine, fifteen have a capacity of less than 500, while only one contains more than 1,000 insane. It has been suggested as an explanation of this fact that the large centres of population are very far removed from each other in Italy, and this theory is probably correct.

DATE OF CONSTRUCTION.

Excluding those establishments for the insane which are merely departments of the general hospitals, the Italian asylums may be divided into four groups as follows :—

1. *New asylums specially built since 1871.*—Of these there are

seven, viz. : Macerata, opened in 1871 ; Imola, 1871 ; St. Clement (Venice), 1873 ; Novara, 1874 ; Voghera (Pavia), 1876 ; Mombello (Milan), 1878 ; and Como, 1882.

2. *Old establishments partly reconstructed and largely improved.*—Reggio, Siena, Rome, Ferrara, Pesaro, Lucca, Aversa, Perugia.

3. *New buildings recently opened on old sites.*—Bologna, Colorno (Parma), Racconigi, Verona, Catanzaro (Girifalco), and Naples (St. Francis de Sales).

4. *Old establishments practically untouched.*—Florence, Genoa, Turin, Alessandria, St. Servolo (Venice), Palermo, Ancona, Brescia, Naples (Madonna de l'Arco), and Bergamo.

ITALIAN ASYLUMS FROM 1885 TO 1887.

From an official source we have received the following brief particulars as to the movement of the insane population of Italy in the three years 1885 to 1887 inclusive, and it is worth noting that our informant again complains of the difficulty of obtaining complete statistics from the various asylums in the country ; we have thought it best to append them to the figures quoted above, instead of substituting them entirely, because, as will be observed, no attempt at classification is made in the following tables, either of the institutions or their inmates :—

Table showing the movement of the Insane Population in all the Asylums of Italy from 1885 to 1887 inclusive.

Year.	Sex.	Institutions.	Number of Insane under Treatment.			Number discharged during year.				Remaining on the 31st of Dec.
			Remain- ing on Jan. 1st.	Admitted during year.	Total.	Cured.	Much Improved.	Dead.	Total.	
1885	M.	67	10,105	6,205	16,310	3,014	1,052	1,801	5,867	10,443
"	F.		9,359	5,035	14,394	2,215	844	1,497	4,556	9,838
1886	M.	60	8,370	4,583	12,953	2,252	612	1,488	4,352	8,601
"	F.		7,997	3,879	11,875	1,927	461	1,359	3,747	8,128
1887	M.	50	10,281	4,813	15,094	2,378	589	1,713	4,680	10,414
"	F.		9,556	3,878	13,434	2,040	463	1,462	3,965	9,469

As we have no means of ascertaining how far these figures are complete, we are unable to draw any inferences from them, for the omission on the part of one large asylum to send in returns would probably alter the whole complexion of affairs. According to this

table the number of institutions was the same in 1887 as it was in 1881, the year referred to in the figures previously quoted, but the insane population increased from 18,411 on the 1st of June 1881, to 19,883 on the 31st of December 1887. It is unfortunate that we should be without proper means of comparing the figures in these two periods. It will be noticed that the total number under treatment in sixty-seven asylums during 1885 was 30,704, in sixty asylums during 1886 it was 24,828, and in fifty asylums in 1887 it was 28,528; so that the disparity in the number of lunatics confined is shown to be actually less when there are seventeen fewer institutions included in 1887 than when there are only seven less as in 1886, an anomaly for which we can suggest no explanation.

The only other statistical information available relates to the duration of treatment of patients discharged cured in the three years from 1885 onwards, but here again it must be understood that the figures are only approximative, owing to the hesitation of the asylum officials to supply the authorities with the returns asked for:—

Table showing the Duration of Treatment of Patients discharged as Cured from the Asylums of Italy from 1885 to 1887 inclusive.

Year.	Less than 6 months.		6 to 12 months.		1 to 1 years.		3 to 3 years.		3 years and more.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1885	657	626	208	213	112	140	13	17	10	4
1886	590	617	255	227	126	127	18	16	11	13
1887	597	519	226	261	140	164	21	44	16	12

ORGANISATION AND INTERNAL MANAGEMENT.

In Italy there are no laws as yet extant to regulate the organisation and internal management of the institutions devoted to the insane, and consequently they vary in the different provinces and asylums. At a congress of lunacy specialists held at Reggio in 1880, the principle was adopted that "all branches of the service, not only sanitary and disciplinary, but also those of the internal economy and administration, should be in the hands of the

Medical Superintendent," just as has for years been the custom in France.

The medical staff consists of an official technically known as the Medico-Primario, who corresponds very closely to the medical superintendent of an English asylum, and also of an indefinite number of assistant medical officers. The medical superintendents were, until quite recently, appointed by election, but the principle of appointing them after competitive examination is gradually gaining ground. When the constitution of the kingdom of Italy had just been completed by the choice of a capital, the new Government, on arriving at Rome, substituted itself for the Pontifical Administration in every department, and entirely reorganised the staff. With regard to the lunacy service, it found itself confronted with a medical staff, the members of which had been appointed by the Pope. Disregarding this appointment, it instituted examinations for the appointment of the principal officials; but, in order to pay a certain amount of deference to acquired rights, it resolved that on the first occasion, when appointments had to be made at the asylum of Rome, the examination should be held in that city, and that only Roman doctors should be admitted as candidates. The Medico-Primario assists in a consultative capacity at all meetings of the administrative committee.

The medical assistants occupy a kind of intermediate position between that held by the assistant medical officers and the resident pupils in France, they being distinguished from the latter in that they are Doctors of Medicine. Their number is proportionate to that of the insane, and varies according to the requirements of the service. The senior medical assistant acts as Vice-Director, occasionally assuming the title of Secretary to the Direction.

The duties of the other assistants correspond to those of the resident pupils in the asylums of France, but the actual system of the "internat" does not exist in Italy, either in the hospitals or asylums.

CLINICAL INSTRUCTION IN MENTAL DISORDERS.

In most of the asylums throughout Italy special provision is made for clinical lectures on the treatment of insanity, an asylum being attached for this purpose to each of the chief universities, as will be seen from the following table :—

Table showing the Universities, and Asylums attached thereto, for the Clinical Teaching of Insanity.

University.		Asylum.	Name of the Director of the Asylum and Professor.
Bologna	...	Bologna ...	Dr. Roncati.
Pavia	...	Pavia, a branch of the Voghera Asylum...	Dr. Raggi.
Padua	...	A department of an hospital specially established	Dr. Tebaldi.
Modena	...	Reggio ...	Dr. Tamburini.
Naples	...	St. François de Sales ...	Dr. Buonomo.
Parma	...	Colorno ...	Dr. Focchi.
Turin	...	Turin ...	Dr. Morselli.
Genoa	...	Genoa ...	Dr. Verdone.
Rome	...	Rome ...	Dr. Solivetti.
Palermo	...	Palermo ...	Dr. Laloggia.

At Palermo, Prouse, and Pisa there are no special professorships for this branch of study, but free courses and lectures are given on the subject by well-known physicians. By the laws regulating higher education in Italy, there are three classes of lecturers: (1) Professors in ordinary; (2) Professors extraordinary; (3) Professors in charge of ordinary courses of lectures. The professors in ordinary are appointed by the King on the nomination of the Minister of Public Instruction, and hold their appointments for life. The professors extraordinary are appointed in the same way, but have to be confirmed annually in their appointments. The class professors are appointed annually by the Minister of Public Instruction on the nomination of the Faculty.

Most of the larger asylums of Italy contain good medical libraries and anatomical and pathological museums, as well as laboratories for chemical experimentation. In some institutions—as, for example, Turin—a certain number of the patients are set apart as subjects for the clinical lectures.

TREATMENT OF INSANITY IN ITALY.

There is not much to be said on this point, as Italy does not offer many distinctive features with regard to the curative methods it adopts for insanity. In Italy, credence is more generally given to hydropathy as a remedial measure than in England or France, and almost all the Italian asylums have large hydrotherapeutic sections. We have already made reference to the very considerable

employment of restraint in Italy, and need not recur to the subject at any length, but it is only just to state the reasons upon which the Italian lunacy specialists base their refusal to adopt the English system of "no restraint". In the first place, it is contended that their establishments for the insane are so constructed and planned that it would be impossible to make the necessary provision for the "complete isolation of the patients"; in the next place, it would be impossible to obtain a sufficiently large staff of warders to apply the system, the impossibility being caused by a scarcity of funds, supplies not being so plentiful as in England and France, private charity contributing to the former and the State to the latter; lastly, it is alleged that, to a certain extent at any rate, the lively and restless nature of the Italian patient, which is very different from the calm, disciplined character of the Englishman even in a state of mental alienation, renders the system utterly impracticable. We do not deny that there is much force in these three arguments, but we cannot endorse a subsequent assertion, that in Italy coercive methods have in quantity and quality been reduced to a minimum, and that the treatment of the insane in that country is conducted with all gentleness. Our inquiries and investigations lead us, unfortunately, to form quite an opposite opinion on this latter point.

With regard to the classes of patients in the hospitals and asylums, it is shown that cases of mania, especially pellagral, alcoholic, epileptic, and hysterical, are greatly increasing, while various other forms, such as moral, nervous, puerperal, and senile insanity, remain stationary in numbers. Acute mania is becoming more and more rare, owing, according to M. Verga, to the substitution of "charity for violence" in the treatment of the insane. Pellagra prevails in Venetia, alcoholism in the northern parts of Italy and Liguria, epilepsy in Tuscany, and hysteria in Venetia, while cretinism appears to be most common in Lombardy. In Naples, Sicily, and Sardinia, on the other hand, pellagra is unknown, and in Rome it is the cause of but very few cases; while alcoholism is most rare at Naples, and most common at Rome, Venice, and in the provinces of Liguria, Lombardy, and Piedmont.

NURSING AND ATTENDANCE.

The general proportion of attendants to patients is one to ten; at Pesaro there is one warder to nine male patients, and one female

warder to thirteen female patients. Warders on duty by night are provided with electric inter-communication in case of accident. As a broad rule, the work of the asylums is done in the female wards by Sisters of Charity, and on the men's side by a lay staff. A good deal of assistance in the domestic work is afforded by the patients, though this is in no way compulsory.

OCCUPATION OF PATIENTS.

We have no means of ascertaining the percentage of patients employed in Italian asylums, or of estimating whether the most is made of employment as a remedial measure. With the exception, however, of the asylum at Reggio, and perhaps those of Mombello and Voghera, we must record our opinion that as a general rule sufficient attention is not paid to this most important factor in the treatment of insanity. Dr. Billod gives a lengthy list of the work done by Italian lunatics, embracing, for the male patients, secretarial work, dispensing, straw-plaiting, painting and varnishing, tailoring, baking, shoemaking, gardening, joinery and turnery, besides helping in the wards, surgery and domestic duties, and work on the farm. The female patients engage in tailoring, spinning, weaving, straw-plaiting, sewing, ironing, and washing, besides helping in the house and doing a certain amount of field-labour. It should be remembered, however, that in no department of the lunacy service is it easier to give an erroneous impression than in this, and, unless substantiated by figures, statements either way are not of much value. Money is rarely given to the patients in return for their labour, but they are occasionally rewarded with small presents, such as tobacco, or with some addition to their diet.

MAINTENANCE.

In 1880 the thirty-four provinces which have establishments for the insane expended £265,683 upon the maintenance of their insane, and the thirty-five provinces which have no asylums spent £96,847 upon the same object, the total cost being thus £362,531. Pauper patients are kept entirely at the expense of the province to which they belong; and for private patients who are able to pay a daily charge is made of 1.60 francs, or about 1s. 1½*d.*, while those of a better class pay 3 francs, or 2s. 3*d.* per diem and upwards.

From a report presented in January 1889, by the Director

General of the Statistical Department to the Royal Commission appointed to inquire into the hospitals, asylums, and so forth, which came under the category of *Opere Pie*, we learn that the number of asylums belonging to this class was sixteen ; their gross property amounted to £743,288 ; their net property to £676,150 ; their total income to £253,743 ; and their charitable disbursements to £205,047.

PATRONAGE SOCIETIES.

Societies of Patronage for poor lunatics restored to liberty are well known in Italy. There is a notable one at Milan which is largely enriched by private donations and bequests, and a smaller one, recently founded, at Reggio.

ADMISSION AND DISCHARGE.

Lunacy legislation is practically non-existent in Italy, and the supervision of the asylums is very inadequate. Admissions are made on production of a medical certificate issued by the Prefect of the province and signed by two witnesses. Discharges are made on the authority of the medical superintendent.





CHAPTER XII.

OTHER FOREIGN COUNTRIES.

Argentina, Belgium, Brazil, Denmark, Egypt, Finland, Greece, Japan, Netherlands, Norway, Portugal, Russia, Russian Poland, Spain, Sweden, Turkey.

ARGENTINA.



It has not been easy to ascertain the system of lunacy administration which prevails, nor the amount of accommodation provided for the insane, in this Republic. So far as our inquiries have gone, they seem to show that until La Plata was founded as the new capital of the Province of Buenos Ayres in 1884, far too little attention had been paid to the care and provision for lunatics. The establishment of La Plata as the capital has speedily been followed, however, by the erection of a new and extensive lunatic asylum in its immediate neighbourhood, over which the provincial government exercises control and supervision.

The other asylums (male and female) were situated at Buenos Ayres, being known as the Hospicio de las Mercedes. These institutions are under the control and management of the "Asistencia Publica", a municipal organisation similar to that of Paris, and therefore easily understood ; but further details will be found in the Hospital section of this book.

The asylums are under the direction of a medical superintendent ; they are periodically inspected by representatives of the "Asistencia", appointed by resolution of the "Comission", who send in a written report to the director containing a full statement of defects to be remedied, and of the alterations, extensions, and improvements recommended to be carried out.

The appointment of the medical superintendent, and also of

the inspectors, appears to be vested in the "Asistencia Publica". Both the lunatic asylums at Buenos Ayres are under the same medical superintendent, but particulars of the female department are not contained in the report of the municipality of the city of Buenos Ayres for 1888 (*Memoria de la Intendencia Municipal de la Ciudad de Buenos Ayres*) and we are therefore unable to give them.

Buenos Ayres Lunatic Asylums.

The most important lunatic asylum in Buenos Ayres is the Hospicio de las Mercedes for lunatic, idiot, inebriate, and chronic patients of the male sex; but there is also accommodation for females in a separate building. There were 659 inmates in 1889 who had been received from all parts of the Republic, and amongst them were military, naval, and criminal lunatics, in addition to imbeciles and some chronic patients, who, having been previously admitted into the San Roque de Clinicas, and other hospitals, were subsequently transferred to this institution.

The asylum was originally designed to contain 600 patients, and up to the last few years the accommodation was equal to the demands upon it. The buildings consist of associated wards and single rooms, with certain wooden pavilions, built originally for cholera patients, where the chronics are now confined. There is also a department for dangerous maniacs, and a large dining-hall, bath-rooms, and the usual offices.

Owing to the growth of the population, there is now so much overcrowding that further extensions have become necessary. This overcrowding, added to defective planning, prevents the proper classification of the patients. These defects result, for instance, in the admission of inebriates into wards intended for medical cases, and these and other violent patients are even allowed to roam at large. The small staff of attendants (one to thirty patients) is so inadequate as to make it impossible for proper supervision to be maintained. The buildings are surrounded by grass-land, well adapted for conversion into recreation grounds and gardens; indeed, if a portion of it was placed under cultivation much benefit would result to the patients, who could then be utilised to supply the necessary labour. Under present circumstances, the patients suffer from an absence of recreation, employment, and exercise, which affects injuriously the *morale* and discipline of the whole establishment.

No effective wall, fence, or other barrier is imposed between the asylum and the open country, so that escapes are not of infrequent occurrence.

The asylum contains a library, which is inadequately supplied with books and papers; there are also workshops for carpenters, tailors, painters, and other trades. Some insight into the discipline and general management of the asylum may be gained from a report by Dr. Lucio Melendez, dated January 1889, in which he says; "The frequent repairs rendered necessary by the destruction of windows, doors, and other parts of the building, due to the violence of the patients, are effected by the inmates." The workshops appear to suffer from want of proper supervision, and this is especially apparent in the tailoring department.

The materials for the construction of a crematorium have been collected in the grounds, but the building has never been completed, whilst the cremating stove is almost entirely destroyed owing to disuse. Similar grave defects are apparent in other departments, and the anthropological museum, together with the histological and anthropological laboratories, are at the present time used as store-rooms for provisions.

Population.

As already stated, the asylum contains accommodation for 600 patients, but in 1888, the latest year for which figures are available, 1,039 cases were admitted for treatment. On the 1st January 1888, 576 patients were under treatment, and 463 new cases were admitted during the year. Of the whole number, 59 were discharged as cured, 61 improved, 68 unimproved, 41 escaped, and 151 died. The very large number of deaths is said to be due in a measure to the fact that hopeless cases are sent to the asylum from the various hospitals. The other noticeable point in the figures is the large number (41) of escapes recorded. This may be accounted for by the fact that, added to the difficulties arising from the small number of the attendants, the open-door system is said to have been adopted, and neither doors nor windows are fastened or protected in any way. Since 1880 the number of admissions to the asylum of Buenos Ayres has been steadily increasing, the numbers rising from 294 admissions in 1880 to 463 in 1888, the last year for which returns have been made.

The inspector attributes certain fluctuations in the numbers admitted to the fact that there were revolutionary disturbances in

1880, which greatly agitated the country, and caused an increase of insanity ; again, in 1886 an outbreak of cholera in the asylum caused it to be closed for some time, and when it was reopened the admissions went up from under 300 to 439.

The inadequacy of the present provision for the insane is beyond all question, but attempts have recently been made to introduce necessary reforms. The inspector reports that "cases arising from intoxication form one-eighth of the inmates, and this class of cases is met with chiefly amongst day-labourers, who form a large proportion of the patients. They are principally Italian emigrants, who come to Buenos Ayres with the hope of acquiring a large fortune in a short space of time. When disappointed of their hopes many yield to the temptations of drink, and so end by becoming inmates of the asylum."

Agriculturists, masons, carpenters, tradesmen, landed proprietors, clergymen, soldiers, mariners, engineers, and representatives of fifty-seven professions in all, are to be found amongst the inmates. It may be interesting to know that of 463 patients admitted in 1888, there were 116 Argentines, 9 Orientals, 63 Spaniards, 184 Italians, 39 French, 21 English, 9 Swedes, 6 Germans, 5 Austrians, 2 Brazilians, 3 South Americans, 2 Portuguese, and 4 Dutchmen. There is an asylum for female patients also within the grounds of this asylum, and under the same medical superintendent, but no particulars concerning its arrangement and management are forthcoming.

Paying Patients.

The asylum appears to receive payment for nearly all the inmates.

The patients are divided into four classes, according to a fixed scale of payments, which is as follows :

First class	.	82.66 pesos (say £17)	per annum.
Second class	.	41.33	„ (say £8 10s.) „
Third class	.	28.93	„ (say £6) „
Fourth class	.	14.46	„ (say £3) „

Income and Expenditure.

The whole of the funds required to maintain the asylums, after deducting the amount received from paying patients, are provided out of the city chest. Instead of voting the total sum required

on the budget prepared by the finance committee, the practice appears to be to vote about four-fifths of the probable expenditure, and to make up the balance subsequently. This practice is not approved of by the inspector, who condemns it in his report for 1888 on the grounds that a proper budget, based upon the expenditure of previous years, ought to be presented to the "Asistencia Publica" before the City Council is moved to vote any supplies at all.

During the year 1888, patients' payments produced 20,200 pesos (say £4,200). The municipality of Buenos Ayres first voted 84,000 pesos (say £17,447), leaving a deficiency of 19,183 pesos (say £3,989) to be made up by the city of Buenos Ayres. The expenditure for 1888 was therefore 123,383 pesos, or £25,600 in round numbers. This expenditure makes the cost of each patient about 187 pesos, or, roughly, £38 17s. 6d. per annum. The chief items of expenditure are, in pesos: Meat, 13,946; bread, 9,343; milk, 1,361; all other provisions, including wines and spirits, 74,678; drugs, 2,766, or, as stated elsewhere in the report 4,593; laundry, 2,189; salaries, 31,440; incidentals, 311: total, 136,034, or 137,861 pesos. This gives an increased expenditure of 12,651 pesos. All the figures are taken from the same report, and the difference may be accounted for, as in the case of drugs, by including the expenditure incidental to the treatment of out-patients, which seems to be the habitual practice. We have failed in any case to discover any other explanation of the differences in question.

BELGIUM.

The entire system of hospitals and asylums in Belgium is based practically upon a principle of decentralisation, the control of individual institutions being vested actually in the various local bodies, although these, in their turn, are subject to one supreme central authority, represented by the Minister of the Interior. As far as possible, every commune is obliged to maintain its own insane population, and it is only when the communal funds are demonstrably unequal to the demands made upon them, that the province is called upon to make good the deficiency.

There are three Government or State asylums, providing altogether for nearly 2,000 lunatics; a certain number of municipal

asylums ; and a considerable number of private asylums kept either by individuals or by religious corporations. In addition to these, mention must also be made of the system of boarding-out lunatics in families under supervision, as in the colony of Gheel. If the endowments of the several asylums are insufficient to cover the maintenance of the pauper patients committed to them, the deficiency has to be met by the communes ; and if the communes in turn are already so burdened as to be unable to meet this fresh charge, it devolves upon the provinces, and finally, as in the case of Brussels, upon the State, which in some instances makes yearly contributions towards the expenses.

ADMISSION OF PATIENTS.

Before a lunatic can be admitted into a Belgian asylum, certificates of his insanity must be furnished by a duly qualified physician, giving an historical account of the case and accurate details of its features, together with a statement as to hereditary predisposition or similar circumstances. This is indispensable, except in rare cases of acute mania ; but even then a certificate must be obtained within twenty-four hours of such admission. The certifying physician must be absolutely unconnected with the asylum to which he sends the case. The day after admission notification of the fact has to be made to the provincial governor, the public procurator of the arrondissement, the cantonal judge of the peace, the burgomaster of the commune, the committee of inspection, and the secretary of the permanent commission. Three days after admission two members of the last-mentioned body, being medical men, are obliged to visit the patient, and again every two months for the first half-year of his confinement ; their notes of the case being submitted to the secretary of the commission. Certificates are furnished by the medical officers of the poor for the admission of pauper lunatics into the asylums.

SUPERVISION AND MANAGEMENT OF BELGIAN ASYLUMS.

Permission must be obtained from the Government prior to the establishment of any asylum, public or private, in Belgium. One or more medical men must be attached to the asylum, and the patients must be visited by them every day. All asylums are inspected every three months by the public procurator of the

arrondissement ; every six months by the burgomaster of the commune ; and every year by the provincial governor, or by a member of the provincial council nominated by him. Three Government commissioners furnish an annual report to the Minister of the Interior, and the asylums are also under the immediate supervision of local committees in the arrondissements in which they are situated.

The superintendence of the asylums is entrusted to a director, or, in the case of institutions maintained by religious sisterhoods, to a directress, who has complete administrative control. As a broad rule the director is a qualified physician, but if not, or if the institution is under the control of a directress, the actual medical treatment of the patients is committed to a staff of resident or consulting doctors.

Much of the attendance upon the female patients is performed by sisters, and the following opinion of the value of their work is interesting. The extract is taken from the Report for 1884 of the private asylum of the Dames Bénédictines at Menin, presented to the president and members of the committee of inspection of the arrondissement of Courtrai by Dr. Lefèvre, the physician in charge :—"Belonging as they all do by birth to the well-to-do classes of society, and having all had a careful education, they (*i.e.*, the Dames Bénédictines) carry out their duties with tact and intelligence. Their self-denial is absolute, because their motives are above all ideas of interest or ambition. Women themselves, it is from the secret chambers of their inmost hearts that they derive their close acquaintance with the distress they tend, and they devote their energy and patience to a vocation over which they have pondered well, and for which they have had a long preparation. Always helpful and useful, they are often, though they know it not, the main instruments in effecting a cure. Stern discipline has trained them to obedience, and their motherly anxiety is the surest pledge of their docility and reliability in carrying out all their instructions. Moreover, nothing is too much for the courage of these heroic women. They adapt themselves to every need, and I can truthfully say that they are even able to prevent those distressing and horrible accidents incidental to the last stage of insanity, which are unavoidable, so to speak, everywhere else."

This is high praise, coming as it does from a physician who sees the daily work of these sisters and has practical knowledge of

their powers and ability. There is, nevertheless, an opinion among good authorities that in asylums of which a sisterhood has the management an exceptional amount of restraint is used, and we know of a French asylum in which scarcely any restraint was employed on the male side where the attendants were laymen, whilst on the other hand the strait-waistcoat was frequently in use on the female side; the physician lamented the impossibility of doing better on the female side on account of the dominant power of the sisterhood, who would not consent to diminish the use of restraint. We must, moreover, maintain that the sisters who attend the insane are no more "heroic women" than good asylum attendants anywhere, and we further doubt whether they are as manageable as the paid attendant. The advantage of the sisterhood is that the sisters are more frequently cultivated ladies than are the attendants, but this culture is by no means so general as might be expected.

INSANE WARDS IN GENERAL HOSPITALS.

In addition to the public and private asylums, there is also a certain amount of accommodation for lunatics in the Hospital of Saint-Jean at Brussels. This department of the hospital is under the same administration as the portion devoted to sane patients of the ordinary type, the whole being regulated by the Hospital Commission of the town of Brussels.

PRIVATE PATIENTS.

Private paying patients are admitted into all the Belgian asylums upon varying terms. At the Ziekhuis, Saint-Nicolas (Waes), where female patients only are admitted, the fees range from £32 to £100 per annum; at Evère they range from £36 to £160; at Louvain, in the female asylum, from 9*d.* to 2*s.* 3*d.* a day, and in the male asylum from 1*s.* to 2*s.* 8*d.* a day; at other institutions the sum is only specified in round numbers, a margin being left for the possible exigencies of individual cases.

THE INSANE COLONY OF GHEEL.

No work professing to deal with the lunacy systems of the world would be complete which did not make some reference to the remarkable insane colony of Gheel. The descriptions of the

commune as it has appeared to various men at various times are so well known that it is unnecessary to add another to the already long list, but a brief summary of its advantages and disadvantages may be fittingly introduced in this place.

The entire boarding-out system, together with the central asylum or infirmary, is administered by a board of commissioners composed of the governor of the province, the judge of the canton, the burgomaster, king's proctor, a physician appointed by the Government, and two members appointed by the Minister of Justice. In addition to this general supervising commission, which makes an annual report to the Government, there is a permanent committee, on which the commune and medical staff are represented, charged with the direct administration of the colony. This committee holds weekly meetings, at which decisions are arrived at relating to the admission and distribution of new arrivals and the qualifications of persons applying for the care of patients. For the purposes of the medical service the commune is divided into two sections, each of which is placed under the charge of a head physician and an assistant medical officer, who are not, however, restricted from engaging in private practice. Besides these medical officials there are four inspectors appointed by the Minister of Justice, to each of whom a district is assigned, and to whom the duty is entrusted of visiting every patient within their district at least once a fortnight, and of making daily reports to the head physician. The patients are divided into two classes, the first being private paying patients living in the charge of persons known as "*hôtes*", the others being paupers in the care of "*nourriciers*". The fees for the private patients range from £16 to £120 a year. The paupers are sub-divided into three classes, for each of which a weekly *per capita* rate is fixed by the Government, which includes medicine, clothing, medical attendance, and Government supervision. The classes, with their corresponding rates of payment, are as follows:—(1) *Ordinaires*, or patients who are in a fair state of health and able to make themselves useful, 4s. 4½*d.* per week; (2) *Semi-gâteux*, or patients who can do only a small amount of work, and are occasionally dirty, 4s. 10*d.*; (3) *Gâteux*, or dirty patients, incapable of doing any work, 5s. 8*d.* The ordinary rate of maintenance in Belgian asylums is 6s. 2*d.*

Such, briefly indicated, is the Gheelese system. Its disadvantages are grave, and may by many be considered to outweigh its advantages. In the first place, considering the class of patients

placed there, the work of medical visitation is too heavy to be properly executed by the staff; the area of each district is too large, and the doctors, as we have already mentioned, are permitted to engage in private practice. Far more serious is the practical impossibility of preventing communication between the sexes, especially in the case of young female lunatics of erotic temperament. Some difference of opinion exists as to the frequency of illegitimate births in the colony, but that such do occasionally occur among the insane is not disputed. The objection that the care of the insane has become what may almost be called the staple industry of the place, to be adopted as a means of livelihood for the sane population, ought in itself to be fatal to the system; and although it is to the interest of the care-takers to maintain a reputation for kind treatment of the insane, yet it is only fair to suppose that they have an eye to the main chance, and without more efficient supervision the temptation is too great to make undue profit out of their charges. These, with other weighty objections, notably the large sale of alcoholic liquors to the lunatics, may all be brought against the present administration of the insane colony at Gheel, although by larger appropriations of money the evils might be considerably reduced.

As it is, the Government cuts down the maintenance rates to the lowest possible sum, and it is therefore almost impossible for the *nourriciers* to conform with the regulations for dietary and so forth. Anyone wishing to form a dispassionate idea of the value of Gheel as a typical insane colony must consider all these disadvantages side by side with the advantages it undeniably possesses. The method of classification adopted, by which the worst cases are retained in the asylum and the better cases are restored to a participation in the active life of the colony, is good. The patients who are entrusted to kindly, intelligent care-takers find an amount of physical occupation and mental relaxation that they could not perhaps obtain in the best conducted asylum in the world; there is practically no restraint; all this is obviously good, and yet there is much cause for dissatisfaction in the condition of the insane at Gheel. In the first place, many of the patients are unsuitable for the treatment which can be given them under the Gheelese system, and could be much better treated in a good asylum. On the other hand, no doubt, many of the patients are better suited for treatment under the Gheelese system than for asylum treatment; and one thing made manifest by a

visit to the colony is that a considerable number of cases for which asylum treatment has hitherto been thought necessary can be more satisfactorily provided for in private houses. Another fact to be learned from Gheel is, that many patients who can best be treated in an asylum can with advantage have a far greater amount of liberty accorded them than is usually believed.

The full significance of the Gheel system does not appear to have been generally appreciated. Most writers on the subject seem to think that the lesson to be learned consists merely in finding that accommodation of a simpler character than was usual in asylums is sufficient for a considerable number of asylum inmates, and that buildings of a cottage character may be used, where some of the insane may be boarded with the families of asylum attendants in the immediate neighbourhood of an asylum, and under the superintendence of the asylum authorities. This plan has undoubtedly been originated by visits to Gheel, and the lesson is a true one, although it is doubtful whether much can be done satisfactorily in the direction of boarding asylum patients with the families of attendants.

The teaching of Gheel that has not been sufficiently perceived and taken to heart is that a considerable proportion of the insane can be best provided for outside altogether of asylum administration. They can be placed in a position where their life will approach much more nearly to the life which they would have led if they had never been insane. They can, to a great extent, be restored to a place in the general community. They can be made to share in the interests and the occupations of the sane. This plan of separate treatment is better than any which attempts to establish Gheels in connection with asylums.

The placing of patients among the general community does not imply that such patients are to be deprived of the advantages and guarantees of careful supervision. This ought still to be provided. But we are strongly of opinion that the supervision should not be exercised by asylum officials, and we are, therefore, quite opposed to the idea of insane colonies in connection with asylums. The tendency of such developments is to detain within the asylum administration persons who might, with advantage to all concerned, be much more completely restored to liberty. For a full understanding of this, nothing is so useful as those portions of the reports of the Scottish Commissioners in

Lunacy which refer to "Pauper Lunatics in Private Dwellings", and the reports by the deputy commissioners of their annual inspection of both private and pauper lunatics in private dwellings.

During the earlier years of their administration the Board of Commissioners in Lunacy for Scotland directed their energies principally to sending into asylums those lunatics who were unsuitable for treatment in private houses, and improving the condition of those who were suitable for such treatment, but for whom no proper provision existed. They recognised, however, at a very early period, that to provide for a certain number of pauper lunatics in private dwellings was one of the elements of a proper system of lunacy administration, and they have endeavoured to place this mode of provision under satisfactory regulations. The difference between the system they have established and that obtaining in other countries consists in the fact that the patients thus provided for are under the supervision of central in addition to local authority. The central authority must be satisfied that they are suitable for such treatment, and that it is given them in a proper way, whereas in most other countries they are merely left outside the general lunacy administration.

The idea which has always been the mainspring of the action of the Scottish Board is that the lunatics should be enabled to live, as nearly as is consistent with a proper amount of supervision, as they would have lived had they never become insane, and consequently it might be supposed that the majority of these cases would be living in the care of their relatives. As a matter of fact this is not so, the actual number on the 1st of January 1890 being 1,036 pauper lunatics with relatives, and 1,409 living with strangers. There are two reasons for this comparatively small number of the former class. The first is that relatives are not so willing now as they used to be to take charge of their insane, and the second is that relatives who would receive them are often unable, from unfitness in themselves or their circumstances, to furnish the treatment and accommodation necessary. This is especially true of pauper lunatics from urban parishes, who form the larger proportion of those under the care of strangers. In urban districts the majority of the relatives of pauper lunatics are found in the heart of the large towns, which are obviously unsuitable localities for the insane. Supervision by relatives in densely populated places is difficult, the proper amount of air and

exercise cannot be furnished, and the accommodation is unsuitable ; consequently the patients must either be placed in asylums or entrusted to the care of strangers.

Although the Scottish Board regret the necessity, which thus exists in many cases where pauper lunatics are placed in private dwellings, of separating the patients from their relatives, the results of their system are distinctly good. The amount of work involved in properly superintending all the pauper lunatics in private care in Scotland is enormous, owing to the remote districts in which many of them are found ; but the work is carried out, and the reports of the visiting commissioners show an excellent condition of affairs.

It is in the light of the boarding-out system, as practised in Scotland, that the insane colony of Gheel ought to be considered, and, when the two methods of providing for the pauper insane are weighed in the balance, we think no one will be able to deny that it is Gheel that will be found wanting.

An interesting experiment is being made in Massachusetts in the direction of introducing the Scottish system. This has been done at the instance of Dr. Stedman, who studied the system a few years since in Scotland. The number of patients to whom it has been applied is small ; but the success which has attended the experiment leads to the belief that it will, before long, be greatly extended. Experiments in the introduction of what is called the "colony" system have been made in connection with several asylums. The most recent, on an extensive scale, is being made in Michigan, where "tracts of land of varying size to the extent of 600 or 1,000 acres in the aggregate" have been purchased at a distance of two or more miles from the main asylum buildings. Upon these tracts of land, detached buildings have been erected for the accommodation of such classes of the insane as are able to live outside of the asylum proper. It must be kept in view, however, that, as we have already indicated, such colonies are really extensions of the asylum system, and are essentially different from either the Gheelese or the Scottish system, where the patients are removed completely from asylum discipline and more or less restored to the conditions of ordinary life.

BRAZIL.

There is only one asylum in all Brazil, namely, that of Pedro II, situated in South Bank Bay, between the town of Rio de Janeiro and South Haven, and commanding a view over the Bay. The institution, which is divided into two equal parts by a chapel and management department, contains between 330 and 350 patients, most of whom are either slaves or the very poor, though occasionally seamen are admitted. No charge is made for these inmates; but for rich lunatics, or for the insane slaves of the wealthy, a charge for maintenance is made of from £68 to £200 per annum. The patients are divided into three classes, the first having separate rooms, the second sharing a room between two, while the third live in common. The medical staff consists of two doctors and an assistant medical officer in charge of the insane, a doctor specially treating intercurrent maladies, and a dispenser and assistant. The nursing is carried on by Sisters of St. Vincent de Paul, almost all of whom are French. Strait-waistcoats are occasionally employed. The asylum was richly furnished by Dom Pedro, the ex-Emperor of Brazil, who constantly visited it.

CHINA.

There appears to be no asylum for the insane in the whole of China, though one has recently been projected by Dr. J. G. Kerr, of Canton, and Dr. E. Thwing, of Brooklyn, which will probably be established (at a cost of £5,000) on the Island of Honam, opposite Canton. The idea is to make this asylum self-supporting by patients' payments, and to place it in charge of a native practitioner named Wan, specially trained by the late Dr. Mackenzie.

DENMARK.

The earliest trace we have been able to find of provision for the insane in Denmark dates back to 1632, when Christian IV had thirty cells erected for lunatics in St. Joergensgaard, a building originally used as a leper-house, and dedicated to St. Joergen. The name was subsequently altered to St. Hans Hospital, and the

institution was arranged for the reception of lunatics and cases of contagious disease. It was destroyed by the Swedes in 1658, but was afterwards rebuilt. Having been destroyed by the English in 1807, the institution was afterwards removed to Roskilde.

The great lunatic asylums in Denmark are all closely connected with the State, and may be considered as State public institutions. This is especially true of the St. Hans asylum at Roskilde, for Copenhagen; the Aarhus asylum, North Jutland, for Jutland; the Vordingborg asylum, for the islands of Zealand, Fyuen, and so on; and the Viborg asylum, for the hopelessly insane of the whole kingdom. Of these, the two former admit both curable and incurable cases, while the last is for chronic patients only.

We are unable to give any very satisfactory statistics with regard to the insane population of Denmark, but the few following facts are of interest. In 1880, with a total population of 1,980,259, the lunatics numbered 3,288, and were distributed as follows:—in public institutions, 1,845; in hospitals, 254; and under home care, 1,189. It is said that great reluctance is shown in sending lunatics into asylums in Denmark, which, if it be true, would account for the large number of patients under home care in this year. The figures for 1883 are more complete with regard to the lunatics under treatment in the State asylums, but we have no information concerning the insane accommodated elsewhere. The table on p. 493 shows the movement of the insane population during 1889 in the St. Hans, Aarhus, Vordingborg, Viborg and Middelgart asylums.

It appears that other and smaller institutions for the hopelessly insane are to be met with everywhere in the provinces, either attached to the poor-houses, or under a more independent administration, such as those at Saxkjöbing, Odense, and Mariager, but of these no precise information is available.

There are no specific regulations with regard to private asylums, which may be established and conducted without license or State control, and subject only to one annual visit from the district doctor. But as a matter of fact only one such institution exists in Denmark, situated in Jutland, and here twelve lunatics can be received.

There are two private establishments for idiots, taking the place of Government institutions for this class of lunatics, which are subsidised by the State, and are under official supervision.

A certain amount of accommodation is also provided for the

DANISH ASYLUMS.

Table showing the Movement of the Insane Population in the State Asylums of Denmark during 1889, and also average number under treatment, admitted, discharged, and died during the previous five years, 1884-8.

	ST. HANS.			AARHUS.			VORDINGHORG.			VIBORG.			MIDDELGART.			TOTAL.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Remaining 1st Jan. 1889 ...	403	537	940	250	260	510	238	215	453	159	179	338	55	57	112	1105	1248	2353
Admitted during year ...	103	142	245	83	88	171	20	45	65	5	5	10	158	184	342	369	404	833
Total under treatment ...	506	679	1185	333	348	681	258	260	518	164	184	348	213	241	454	1474	1712	3186
Discharged ...	57	101	158	59	67	126	34	31	65	—	—	—	40	49	89	190	248	438
Died ...	38	28	66	20	16	36	9	15	24	4	5	9	8	6	14	79	70	149
Total discharged, etc. ...	95	129	224	79	83	162	43	46	89	4	5	9	48	55	103	269	318	587
Remaining 1st Jan. 1890 ...	411	550	961	254	265	519	215	214	429	160	179	339	165	186	351	1205	1394	2599

Annual number under treatment ...	496.6	638.4	1135	296.8	304.2	601	286	264.4	550.4	158.6	183	341.6	—	—	—	1238	1390	2628
Annual number of admissions ...	131.8	140	271.8	74.4	74	148.4	49.2	41.6	90.8	6.8	5.6	12.4	—	—	—	262.2	261.2	523.4
Annual number of discharged ...	117.4	125.4	242.8	66.2	63.2	129.4	46.2	40.8	87	2.8	4.6	7.4	—	—	—	232.6	234	466.6
Annual number of deaths	39.8	36	75.8	15.8	9.4	25.2	11.6	21.6	24.2	2.8	4.4	7.2	—	—	—	70	62.4	132.4

Averages for previous five years, 1884-8.

Only opened 1st July 1888.

insane in special wards of the general hospitals, but these present no peculiar features.

At Aarhus and Vordingborg the patients are divided into three classes, and pay graduated sums for maintenance, according to the place from whence they come. Patients from Jutland and the Isles pay as follows :

Class I.	2	kroner daily (2s. 2d.)	or 730	kr. (£39 11s.)	annually.
Class II.	1.50	„ „ (1s. 7½d.)	„ 547.50	„ (£29 13s.)	„
Class III.	1.08	„ „ (1s. 2d.)	„ 394.20	„ (£21 7s.)	„

Patients from Copenhagen, Iceland, Greenland, the Faroe Islands, and the West Indian Colonies pay: Class I, kr. 912.50 (£49 8s.), Class II, kr. 682.55 (£37), and Class III, kr. 492.75 (£26 14s.), per annum. Foreigners can only be admitted into the first two classes, and pay annually kr. 1076.75 (£58 6s.) and kr. 912.50 (£49 8s.). At these two asylums, indigent lunatics belonging to the special districts are admitted at a half charge of fifty-five öre (7½d.) to the third class, or are maintained gratuitously for three months, if their admission has taken place within two months of the appearance of their malady, or at least fourteen days after the assent to their admission has been received.

MANAGEMENT OF DANISH ASYLUMS.

Like the hospitals, the public asylums are under the superintendence of the Board of Health, subject to the Minister of Justice, who has the supreme control of each asylum. The administrative and economic management is in the hands of a board, consisting of the medical superintendent and two gentlemen from the district in which the institution is situated. The medical superintendent, under the Board of Health, decides upon the suitability of patients for admission or discharge, and the Direction decides upon the admissibility of the security deposited. The attendants are appointed and discharged by the Medical Superintendent. They wear a uniform, consisting of a blue coat and buttons, with the name of the asylum on the collar. The nurses do not appear to have a uniform. Excessive severity in the performance of duty is punished by withdrawal of permission to go out, or by fines; and in the event of more serious offences, such as the ill-treatment of patients or flagrant acts of disobedience, by immediate dismissal.

At Aarhus the attendants receive kr. 180 (£9 15s.) the first year ; kr. 200 (£10 17s.) the second ; and so by annual increases to kr. 245 (£13 6s.). The usual average of attendants to patients is one to ten, but at the Vordingborg asylum patients of the first class have several private attendants for whom kr. 25 (27s.) or 30 (32s. 6d.) are paid monthly. The nurses at the Aarhus asylum receive kr. 105 (£5 14s.) the first year, and kr. 120 (£6 10s.) the second. At Vordingborg, in addition to the medical superintendent, there is an assistant medical officer, and two "candidates in medicine", whose position corresponds very much to that of the volunteers in the Prussian asylums. There are two posts of this kind also at Aarhus and the St. Hans institution, but none at Viborg. At Aarhus and Vordingborg one of these candidates comes from the Fræderik's Hospital, Copenhagen, and the other is appointed by the Direction of the institution ; while, at St. Hans, both come from the communal hospital, Copenhagen. The period of service lasts from four to six months, and they draw a salary, and have board and lodging provided. Religious services are held by pastors living in or near the town, and organists attend to the musical part of the service.

DESCRIPTION OF THE VORDINGBORG ASYLUM.

This institution was opened in 1858 for curable cases only, with accommodation for 120 patients, but in 1871 it was enlarged to contain 430 beds, and chronic cases were then also granted admission. The estate covers about 142 acres, of which ninety-four consist of arable land and garden, and contain the buildings ; eleven are forest ; and thirty-two are meadow-land. The buildings are of brick, and of very plain construction, with red-tiled roofs. They are upon the linear system, and form a parallelogram or elongated square. They are two-storied, with the exception of the corner and middle blocks, which have three stories. The entrance is to the north-west, leading into a courtyard, to the left of which are a steam-kitchen and wash-house, with the female department beyond ; whilst, to the right, the management and male department are situated. On the south side is the director's house, the chapel, and entertainment-hall, with the wards for male and female patients of Classes I and II running right and left. The patients' buildings, with walks and gardens, are enclosed by a

wall nine or ten feet high ; they comprise departments for quiet and cleanly patients, less quiet and usually cleanly, unquiet and uncleanly patients, and a special department with twenty cells for the entirely unmanageable of both sexes. The wards for patients of Class I are elaborately furnished, and those for patients of Class III are clean, though plain. The urinals are of enamelled metal, and flushed with water from above ; the lighting is effected by gas laid on from the town ; there are three bath-rooms on the male and female sides, with three or four baths in each ; the windows are of the ordinary type, but are furnished with gratings ; and the ventilation is effected solely by means of these and the doors. The wards for patients of the third class only give an average allowance of 500 cubic feet of space to the inmates—an unduly small amount, partly occasioned by the overcrowding of the asylum. The medical superintendent is anxious that the average cubic space should be raised by some means to 700 feet ; but it is difficult to see how this could be effected without additional building or diminishing the number of patients admitted. Strait-waistcoats are employed for the female patients ; of the prevalence or absence of mechanical restraint in Danish asylums we can give no particulars.

DESCRIPTION OF THE AARHUS ASYLUM.

This institution was opened in North Jutland in 1852 for 130 curable patients, but it was enlarged in 1861 to contain 400 beds, and after this incurable cases also were admitted. It stands some eighty feet above the sea-level, on an estate of about eighty-two acres, of which twenty-seven are arable land, and twenty-two are gardens, whilst the remainder is occupied by the buildings, a park, and a churchyard. The buildings, which are upon the linear system, are for the most part two-storied, and have red-tiled roofs. The administrative block is in the centre of the west length, and contains the director's house, chapel, concert-room, and so on. The departments are marked with letters, and are in the following order,—first, the department for quiet patients of Classes I, II, and III, then that for noisy patients of Class I and the middle orders, further on the cell department, and lastly the department for noisy, quiet, uncleanly, and epileptic patients of the lower orders. The doors open on to the corridor. There are fifteen cells for each sex.

They have cemented walls, and are provided with w.c.'s. Six of them are lighted from the roof, and the rest from the side. One cell is padded. A corridor, 100 feet long by 12 feet broad, is used as a day-room. Patients of Class III must bring with them on admission all necessary clothing, including a complete suit, which is returned to them upon their discharge. During their stay they are, as a rule, provided with clothing by the institution, but under certain circumstances they are permitted to provide for themselves at their own cost. In the event of escape, the costs, in the case of patients of the first class, are defrayed by the patient himself, and in the case of the other classes by the institution. Four or five times a week patients receive fresh meat, bacon, or salt meat, with fish twice a week. The food appears to be good in quality. The asylum receives an annual subsidy from the State of kr. 140,000 (£7,583 6s.)

EGYPT.

CAIRO LUNATIC ASYLUM.

At present there exists but one lunatic asylum for the whole of Egypt. This asylum is situated in the Abbassiekeh suburb of Cairo, on the outskirts of the desert. It contains about 300 lunatics, is built of wood, and was formerly a royal palace. It was deserted in 1878, owing to part of it having been destroyed by fire.

We learn that a hospital, with lunatic wards, existed in Cairo as early as 1421. It was constructed on a munificent scale, and was richly endowed by its founder, the Sultan Kalaoon. The hospital contained fever, ophthalmic, surgical, obstetric, and consumptive wards; a dispensary and medical lecture-room; and connected with it was a library and school for orphan children. The Sultan originally intended it as a general hospital, but it seems to have been principally occupied by lunatics. Tales are told of the sumptuous arrangement of the hospital, and a curious old map, still extant, dated 1793, describes it as a madhouse, possessed of "very great revenue". Up to 1798 it appears (on paper) to have had sufficient income for its wants; but successive generations of Turks and Marmalukes had succeeded in converting its revenues to their own purposes. When, in 1798, M. Jomard visited the hospital, he found sixty sick and ten insane patients in a state

of destitution and neglect. Two years later, a Dr. Desegneltes was sent by the Emperor Napoleon to inspect it, and to suggest improvements. He also testified to the wretched condition of the patients, who then consisted of twenty-seven sick and fourteen lunatics. The lunatics were separated from the other patients, being chained to high walls; and the only attention received by any of the patients was an irregular distribution of bread, rice, and lentil soup, daily.

It does not appear that any perceptible reform resulted from this visit; and we learn nothing concerning the lunatic population of Cairo between the years 1800 and 1856. Nothing now remains of this historical old madhouse save an open court, surrounded by columns, where stood the kitchen and diminutive cells of former times. In 1856 the lunatics appear to have been removed to a warehouse on the Nile, in the Boulak quarter of the town. Here they were visited by two English medical men—Dr. Urquhart and Mr. W. S. Tuke—within the space of one year, and both record the deplorable condition of the institution and inmates. There were apparently about 200 patients in the asylum at this time; but it was found impossible to obtain any reliable statistics of any kind from the officials. Many of the inmates were exposed to the rays of a fierce sun, in a yard rendered intolerable by the smell from the latrines situated in it; whilst others, suffering from no bodily ailments, lay in dirty beds in wards, the walls and flooring of which were smeared with filth. Excited cases, confined in barred cages, were kept in order by the frequent use of the keeper's courbash.

From these disgraceful surroundings the patients were removed, in 1880, to their present quarters in the deserted palace at Abbassieh. This change, however, effected no great amelioration in the condition of the lunatics, who continued in a deplorable atmosphere of dirt and want until 1884, when, fortunately, Dr. Sandwith, in conjunction with a native Pasha, was appointed to fill the place of the retiring chiefs of the sanitary department of the Egyptian Government. An official inspection subsequent to this, convinced Dr. Sandwith of the necessity of reform in the asylum, and vigorous steps were speedily taken by him. One of his first acts was to abolish all chains, substituting camisoles. New wards, with skylights, dining-rooms, bath-rooms, better diet and clothing, and many other improvements, followed in course of time, in spite of the difficulties arising from a want of funds and indifference on the part of his native colleagues which Dr. Sandwith had to encounter.

One of the most important measures carried out at this time was the reconstruction of the drainage system of the asylum. Previously the dungeons and latrines led directly to the cesspools by means of holes in the flooring. The cesspool passages honey-combed the old palace and grounds, the odour permeating wards which were occupied both night and day by the patients. These cesspools and their connecting passages were all cleaned out and filled up, and in their place the pail system was established with a daily removal. One conduit only was allowed to remain, to carry off the surplus water from the baths and kitchen. On Dr. Sandwith's retirement he was succeeded by Brigade-Surgeon Greene, who has continued the work so well begun, and has besides contributed many improvements of his own.

MEDICAL ADMINISTRATION.

The asylum is financed and controlled by the State, under which is a Board of Sanitary Inspectors, who direct and manage all hospitals appertaining to the Government. The internal arrangements are under the management of a medical man, subject to the sanitary inspectors. The present chief doctor is a Mussulman, who has never been out of Egypt, and who has therefore never seen any other asylum, and pretends to no special knowledge of lunacy. His presence, however, is a complete safeguard against the ill-usage of any of his flock. He is assisted by a native doctor, with a Paris M.D. degree, who has worked with Dr. Charcot, at Salpêtrière, and at St. Anne's with Professor Ball. The medical superintendent receives a salary of £190, and his assistant £110. Both these officers must remain in the asylum during the morning; but in the afternoon they may be relieved by the dispenser or steward.

ATTENDANTS.

The staff further consists of a dispenser, steward, clerk, midwife, two head attendants, thirty-two ordinary attendants, and thirteen servants with various functions. They are paid as follows:—dispenser, £86 per annum; steward, £68; clerk, £62; midwife, £49; two chief attendants (each), £25; thirty-two attendants (each), £18. Male attendants are employed on the men's side, and female attendants on the women's side of the asylum. The male attendants have frequently served in the army, but neither male nor

female attendants have received any previous special training. They are, as a rule, good-humoured and self-controlled in the exercise of their duties, and cases of unkind treatment are almost unknown. All the attendants wear uniform.

WARDS AND BEDS.

The wards are distributed over two floors. The male wards contain from sixteen to twelve beds each. Those with sixteen beds have 790 cubic feet of air-space allotted to each bed. Some wards contain more than 1,000 cubic feet of air-space per bed, but other wards of earlier date, which have no top ventilation, possess only 516 cubic feet of air-space per bed. The wards on the first floor open on to a gallery running round three sides of the building, and here the patients are allowed to wander about. The walls of both gallery and wards are destitute of ornament. The lower third is painted brown and the rest blue. A few of the wards have wooden floors, but the majority are constructed of white limestone, which in winter is covered with matting. The women occupy a separate wing of the building, and are nearly all placed in a dormitory recently converted from a stable into a fine ward. It contains 61 beds, with 1,577 cubic feet of air-space for each. There are rooms in the same wing for special cases, baths, dining, and attendants. The bedsteads are of iron, with chain bottom, cotton mattress, and pillows, two sheets, two or more blankets, a pillow-case, and a rug.

DIETARY.

The diet sheet of this Asylum is carefully arranged to supply each patient with a daily average of 4 oz. of albumen, $3\frac{1}{2}$ oz. of fat, and 17 oz. of starch. It is the same convalescent diet as is provided in all Egyptian State hospitals, and the meals are varied four times a week. On one day in the week breakfast consists of bread, $5\frac{1}{2}$ oz., lentil soup, $17\frac{1}{2}$ oz., and onions, 2 oz. Dinner includes bread, $5\frac{1}{2}$ oz., broiled mutton or beef, 7 oz., boiled rice, $4\frac{1}{2}$ oz., and stewed vegetables, 11 oz. Supper comprises bread, 11 oz., and rice-pudding and treacle, 17 oz. Bread, vermicelli, and flour are contributed from the stores at Kasrel Aini Hospital, but all other provisions are provided by local contractors.

The patients take their meals in four dining-rooms, at tables covered with American cloth.

EMPLOYMENT AND AMUSEMENT.

The patients are employed, to a limited extent, in the kitchen, laundry, garden, and matmakers' and carpenters' shops of the Asylum. Some few attain to a certain degree of proficiency in their trades, but the number employed in the workshops is small, owing to want of space. There appears to be no employment of an entirely recreative nature provided for the patients, but they are permitted to walk and amuse themselves in the gardens for four hours during the day. These gardens are small but tastefully laid out. Two porters sit at the entrance gates to prevent the escape of patients, but no other kind of restriction is adopted. Throughout the Asylum the only restraint employed is the use of camisoles and padded rooms. English officers in uniform are invited to inspect the Asylum at unexpected hours, to check any neglect or harshness on the part of the attendants. Friends of the patients are allowed to visit the institution on certain days in the week, and a periodical inspection is made of cases which might possibly be discharged as cured or harmless.

INCOME AND EXPENDITURE.

The Egyptian Government grants the sum of £7,800 per annum for the maintenance of the Asylum. Of this sum £1,291 was distributed in salaries to the staff (excepting the servants), and £2,077 10s. was spent in provisions for the patients during 1887. No further details as to expenditure are furnished.

POPULATION AND PATIENTS.

The Cairo Lunatic Asylum contains the whole number of insane persons in Egypt under Government management, out of a population of nearly six millions.

The remarkably small proportion of lunatics is to be partly accounted for by the exceptional attitude of the Egyptians towards their insane, whom they regard as beings especially afflicted by Heaven, and, therefore, appealing to their consideration and care. It is thought more in accordance with duty to tend the insane at home than to consign them to a lunatic asylum, and, therefore, a large proportion of the more harmless members of this class are never placed under any restraint at all. It is believed, too, that

religious observances and mediations have more power to relieve or cure the mentally afflicted than any secular treatment.

The largest proportion of the inmates of the Asylum are, directly or indirectly, victims to the excessive use of hasheesh, a drug extracted from hemp, one or two drachms of which is sufficient to cause intoxication. Many are discharged cured of the form of insanity arising from indulgence in this drug, but they nearly invariably yield again to the temptation, and are forced to return to the Asylum time after time, and finally end in becoming hopeless maniacs.

Patients suffering from bodily diseases are removed to special wards, where they receive extra care and attention. The male patients are clad in white shirts, jackets, drawers, caps, and slippers, and wear a blue overcoat.

The movement of the population in 1887 is shown in the following table.

Movement of Population in Cairo Lunatic Asylum, 1887.

Patients in the Asylum, Dec. 31, 1886	...	...	...	233
Admissions, 1887	...	...	...	457
Discharged cured	...	...	...	310
„ uncured	...	...	...	49
Deaths	...	...	...	67
Patients remaining Dec. 31, 1887	...	...	...	264

The number of female patients varies from 60 to 80. The Egyptians are very docile and easy to manage when mentally afflicted, a fact especially noticeable in the case of the women.

CONDITION OF THE ASYLUM IN 1889.

A glance at the record of the previous condition of the Asylum, contrasted with that of the present time, suffices to show the enormous improvements that have been effected. The work so ably commenced by Dr. Sandwith, in spite of the great difficulties besetting the undertaking, has been ably carried on and extended by Brigade-Surgeon Greene, and the Asylum is now on a footing with the modern institutions of the kind in Europe.

FINLAND.

The first account that we can trace of any provision being made for the lunatic population is in 1687, when seven lunatics were admitted into the leprosy house at Kronoby, and in 1771, we learn, forty lunatics were received into the leprosy house at Sjähhoe. In 1841 the patients at Kronoby, by that time numbering twenty-five, were transferred to the asylum at Laffoik, and it was ordained that all general hospitals should set apart four cells for the reception of the insane. In 1873 a committee was appointed to reorganise the lunacy service; this committee ordered that in the capital of every district an observation ward, with accommodation for twenty lunatics, should be provided, where persons supposed to be insane might be detained for a period not exceeding six months; that two central institutions should be built, with a capacity for 500 patients, at Kuopio and Tammerfors; and that in connection with these asylums there should be small houses where a few patients might live in the charge of attendants, and where they might more readily find outdoor occupation on the farmsteads. The Laffoik hospital is reserved as a hospital for the insane and for clinical purposes, while the asylum at Sjähhoe receives epileptics, incurables, and the criminal insane. These institutions recently had an aggregate capacity for 399 patients, as follows:—Sjähhoe, 67; Laffoik, 120; Abo, 20; Wasa, 20; Meaaborg, 20; Viborg, 20; St. Michel, 12; Kuopio, 120.

In 1880, with a total population of 2,060,782 persons, Finland had an insane population of 4,380, distributed thus:—in asylums, 443; in hospitals, 91; and at home or in private custody, 3,846. The number of idiots is not ascertained, but the number of idiot children from the schools, who were under seventeen years of age, is known to have been 1,268 in 1882. There are no public institutions for idiots, but a private one has been opened since 1877 in Jakobstadt, which receives an annual subvention from the State, and is inspected by a School Board of three members.

In 1883 there were 526 lunatics in the State asylums, forming 12 per cent. of all the insane in the country.

The law of 1840, relating to the lunacy service of Finland, is very similar to those of Sweden and Norway.

GREECE.

Very little has hitherto been known with regard to asylums in Hellas. It is generally understood that the Turks considered the insane to be sacred, and permitted them to roam about freely, and the Greeks looked at them in very much the same light, only confining them to the cloisters. Insanity was explained by demoniacal possession, and exorcism by means of prayers and religious exercises consequently formed the usual treatment. There was hardly a cloister which did not contain some few lunatics.

During their rule, the English founded a Government asylum in Corfu, to which lunatics were sent from the mainland, and "to send anyone to Corfu" became a colloquial expression signifying the person was mad. An equivalent expression was "to send anyone to Tenos", where, in the great cloister of Panagia, a large number of patients have always been sheltered, sent there by relatives in the hope that Panagia would cure them. Another well-known place for the confinement of persons of unsound mind was the old Cloister of Daphni, near Athens, but, with these exceptions, such persons were generally kept at home, and of treatment, properly so-called, nothing appears to have been known.

A few years ago a rich patriot, named Dromokaïtes, gave a sum of money for the foundation of an asylum to be built on modern principles. The situation of this institution is most unfortunate, being at the foot of Mount Corydallos, on the road to Daphni, one of the most desert-like spots in the whole of Attica, no trees growing in its vicinity. The establishment, which is called *Δρομοκαϊτεῖον φρενοκομείον*, after its founder, has a special medical superintendent, and has been in use for some years.

JAPAN.

Psychoses were known in Japan in quite early times, and Japanese doctors appear to have been acquainted with general paralysis of the insane for many years. The old belief in demoniacal possession was almost universal, the animal most commonly supposed to possess being the fox; belief in possession by the dog is epidemic, and even endemic, in the island province of Schikoh, the patients believing they are transformed into this animal.

As may be inferred, the treatment for insanity usually took the form of exorcisms, performed by the priests or wise men, and occasionally by laymen, who expelled the demon with prayers and readings of holy writings ; but sometimes the patients were restrained with chains, or placed in solitary confinement either at home or in a temple of Buddha.

Since the last revolution of 1867-1868, when the Government fell into the hands of the Mikado, the State has taken charge of the insane. In 1873 an infirmary was erected at Tokio, in which lunatics were admitted, and municipal asylums have also been erected in Tokio—called the Tokio Teukio-in—and at Saikio. Altogether there appear to be seven asylums in Japan, five of which are private establishments ; of these latter, three are in Tokio, and one in Tamátsi. The Teukio-in is a one-storied wooden building, with large gardens surrounded by an ordinary hedge, the whole estate covering about seventeen acres. Arrangements for heating by steam are laid down, if not actually employed, and stoves are in use. The windows are provided with gratings.

The staff consists of a director, medical superintendent, three physicians, two dispensers, two chief attendants, and four officials, besides nurses, attendants, a porter, cook, serving-man, and so on. Meals are provided three times a day, and the dietary includes Japanese dishes, rice, fish, meat, and vegetables, with milk and eggs for weakly patients. Alcohol is rarely given, the usual beverage being a very weak tea. The average number of patients in 1882-3 was 150.

The report of the President of Police for the first half of 1884 returned 474 lunatics throughout the provinces as dangerous to the community. Estimating the total population at 16,200,000, this shows a ratio of one insane person to every 34,200. In 1882 the Central Statistical Office returned 108,774 deaths from brain and nervous diseases, a percentage of 16.26 of the total mortality.

It is provided by law, with regard to the insane, that no criminal process can occur when the will has been disordered by insanity. Doctors are occasionally called upon to give evidence, but a temporary incarceration in asylums, for purposes of diagnosis, is sometimes practised.

There is no special department for lunatics in the University clinics.

THE NETHERLANDS.

Lunatic asylums in Holland are, for the most part, communal institutions, maintained by the provincial governments, while others are charitable foundations, possessing private endowments. By the new lunacy laws of the country, all lunatic asylums are subject to Government supervision, and none can be opened without the royal consent. This supervision is assigned to not less than two inspectors, who are appointed by the king, while further supervision is carried out by certain local authorities—medical, judicial, and municipal. These functionaries may visit the asylums whenever they think proper, but, in addition to this, the officer of justice of each district court is obliged to inspect all the asylums in his district at least once every three months at irregular intervals, accompanied by a medical officer of health, in order to ascertain that no person is improperly confined, and that the treatment is good. Licenses are granted by royal decree, provided the asylum buildings are healthily situated and sufficiently spacious, that the sexes are properly separated, except in the case of children under ten years of age, that there is proper accommodation for open-air exercise, and that the service, medical and domestic, is of a sufficient nature. Licenses may be withdrawn from asylums which fail to comply with the legal requirements.

Admission of patients into lunatic asylums is girt about with a multiplicity of formalities, and communication with so many intermediate persons is required before such admission can be effected, that the chances of illegal detention of persons not insane are reduced to a minimum. Application for a lunatic's admission must be made in the first place in writing by one of his relations, his guardian, or, failing these, by the officer of justice of the court of the district in which the lunatic resides, to the judge of the court, who will grant provisional authorisation on the production of medical evidence of insanity, and, if he thinks fit, after personal examination.

The judge notifies the burgomaster of the lunatic's commune of this provisional authorisation, and he in turn notifies the lunatic's nearest relatives. Careful notes are kept by the medical officer of the asylum during the first fortnight of the patient's residence in the institution, and if at the end of a month the patient is declared to be insane, a further application for his definite detention may be made to the judge of the district court, who decides the

question after hearing the medical evidence, and making a second personal examination if he considers this to be necessary. This definite authorisation, however, is still only available for one year, at the expiration of which term similar formalities are requisite before the order can be given for a second year's detention, and so on.

PRIVATE ASYLUMS.

There are very few such institutions in the Netherlands, and, indeed, only one can properly be defined as such, namely, the Oudewater asylum at Rosmalen, North Brabant, founded in 1870 by a company, for the reception of lunatics from the rural districts of the province. The law contains no regulations as to the class of persons who may keep private asylums, but they are in all respects under the same supervision and inspection as the public institutions, and the formalities preceding admission to them are equally stringent.

STATE CRIMINAL ASYLUMS.

One clause of the new lunacy laws provides that there shall be one or more State asylums for the reception of such persons as are dependent upon Government for maintenance, and in the first place for the criminal insane. State criminal asylums, after the pattern of Broadmoor in England, do not exist in the Netherlands, and under these circumstances the Government contracts with some asylums for the reception of these persons, thus, in the words of one Dutch asylum physician, "setting several provinces a bad example." We have received no statistics which enable us to show the insane population of the Netherlands, its distribution among the different institutions, or its movements in any individual asylum.

NORWAY.

Since 1736, hospitals in Norway have been required to keep several rooms available for the reception of lunatics, but it was not until 1855 that the Ganstad Asylum was opened, followed in 1871 by the asylum of Rotvold, near Drontheim, and in 1881 by the asylum at Eg, near Christiansand. There are also two asylums at Bergen, both for the very poor, and under the same management as the public institutions. No asylum, public or private, can be

opened without Government permission, and all such establishments must be under the management of a Government authorised medical man. The State asylums are controlled by the Minister of Justice, while the communal authorities control the local asylums. A considerable number of lunatics are boarded-out by the Poor-law Boards, whose proceedings are under the supervision of a commission.

In 1865, with a total population of 1,701,756 persons, 3,156, or 1.85 per 1,000, were reported to be insane. Of these, 1,041 were in public asylums, 145 in hospitals, and the remainder at home or in private care. The 1,041 lunatics in public institutions were distributed as follows:—at Ganstad, 318; the Communal Hospital, Christiania, 124; Oslo, 42; Christiansand, 19; Stavanger, 5; Bergen, 67; Rosenberg, 144; Moellendahl, 63; the Communal Asylum, Drontheim, 66; and Rotvold, 193, the accommodation at this last institution being for 230 patients. At the end of this same year there were 2,039 idiots, or 1 in 835 persons. Idiocy is more common in the country than in the towns, the proportion for the former being 1 in 746, and, for the latter, 1 in 2,357. There are two idiot establishments in Christiania, one for each sex, receiving a subvention from, and being under the superintendence of, the State. There were seventy pupils in each establishment.

In 1883 the number of the insane in State asylums rose to 1,953, or 43 per cent. of all the insane in the country, criminals numbering 136, or 5.19 per cent. of the whole.

PORTUGAL.

Portugal has two public asylums for the treatment of curable pauper patients, and pauper chronics for whom confinement is necessary. The capacity for the two together is only for 650 patients, 300 at the Rilhafolles Government Hospital, Lisbon, and 350 at the Insane Hospital of Count Ferreira, Oporto; but, as a matter of fact, overcrowding is permitted to an excessive extent. Admissions are made—(1) under judicial decree, a certificate of insanity from a duly qualified medical man being required, the certifying physician having to examine the lunatic in the presence of a judge and witnesses; 2 upon the demand of the administrative authorities, such as the civil governors of districts, when, in addition to the medical certificate, sworn depositions of witnesses

are required testifying to the lunatic's condition ; and (3) upon the demand of private individuals, being relations or legal custodians of the lunatic. In this last case the applicant must furnish the hospital authorities with minute details of the patient's condition, the information being on stamped paper, and the signature legalised by a public notary. It must be accompanied by an affidavit of at least one medical man, also legalised by a public notary, and the certifying doctor must reply in writing to certain questions concerning the case. Certificates are not accepted from the medical officers of the institution, nor must the certifying doctor be related to the patient. Whatever be the mode of admission, it is always regarded as a temporary measure only, the patient not being definitively accepted until after the expiration of a fortnight, during which period the medical superintendent carefully watches the case, in order to decide upon the real mental condition of the alleged lunatic.

Private asylums do not exist in Portugal, as the general opinion is that they could never pay. Some lunatics are received into insane wards of the general hospitals, but these are really private institutions, over which the Government only exercises sufficient supervision to prevent any violation in them of the ordinary laws, and we have obtained no information with regard to them.

RUSSIA.

The Russian Code makes very copious provision for the examination of persons alleged to be of unsound mind ; but with regard to the establishments intended for their reception, very little information is available. Lunatics, or madmen, are defined as "persons whose mental derangement arises from accidental causes, and, from its very nature, forms an illness leading to furious madness, dangerous alike to the patient and to society, and consequently demanding that persons thus afflicted should not remain at large." "Idiots are persons deprived of reason from infancy." If lunatics are confined in any medical establishment without previous official examination, the proprietors must immediately report the fact to the local medical authorities, who, in turn, notify it to the governor. The governor then ascertains whether there has been any abuse of power, and, in any case, has to report all the facts to the president

of the local nobility, or to the mayor, according to the rank and estate of the patient. The caste distinctions appear to be rigorously observed, and form a curious feature of the Russian lunacy laws.

Official examination of alleged lunatics is made in the cities by the medical department of the county administration, in the presence of the governor, the vice-governor, the president of the district court of law (or his substitute), the vice-president or one of the judges, the prosecutor-general (or his secretary), and one of the local right honourable magistrates. If the patient comes under the administrative jurisdiction of the manager of the Government Chambers, the manager is asked to attend, and, according to the patient's social position, the county president of the nobility, and one or two district residents. The same article provides that if the patient be a nobleman in the army, the military authorities shall attend. The examination of insane peasants is conducted in a similar manner before their immediate superiors, under whose administrative jurisdiction they stand.

Another article provides that "in the port towns of the Government-General of New Russia and Bessarabia, lunatics and idiots of noble blood shall be examined by medical men of the official staff in the presence of the local grand police-masters, the president of the nobility of the district, and one or two members of the local committee of public protection; if the patient be of the merchant class, or any other, his or her examination must be attended by the president of the commercial court, the mayor, and two members of the magistracy." Other articles contain similar regulations for different portions of the empire. If the result of the examination is that the patient is declared to be insane, the examiners report the proceedings to the governing senate, and await their orders, taking proper precautions meanwhile to protect the patient and his property. All persons recognised as insane by the governing senate are entrusted by law to the care of their nearest relatives, and if these latter refuse to undertake the trust, they are placed under medical care in asylums.

SUPERVISION OF ASYLUMS.

With regard to the supervision of asylums, it is provided that in counties where local land administration regulations are in force the governors, personally and through the local authorities, shall see that all establishments for lunatics, irrespective of the bodies

by which the same are controlled, are kept and maintained in good order and in strict conformity with all the general or special regulations governing them. The governors are also bound to inspect all such establishments in person ; those in cities as often as possible, and those in small towns and villages when travelling on circuit. They also appoint reliable officials attached to their staff to inspect these institutions, and upon the reports of the local authorities, and these specially appointed officials, and upon the strength of their personal observation, the governors are empowered to take measures to correct any faults they may detect in the administration of the asylums, and to improve their condition as far as possible.

PRIVATE ASYLUMS.

Private asylums may be opened with the consent of the Ministry of the Interior, after their regulations have been examined and approved by the Medical Council, and provided they observe all the legal conditions. They are subject to the control of the medical authorities of the government in which they are situated, and, like the public asylums, they are under the supervision of the governmental medical inspectors, who may report any irregularities to the governor, who then interferes to put a stop to infractions of the law.

PROVISION FOR THE INSANE IN ST. PETERSBURG.

There were 1,053 lunatics in St. Petersburg in 1884, distributed as follows:—in the St. Nicolas Lunatic Asylum, 310; in the town hospital for lunatics, 60; in the temporary asylum on the Little Okhta, 159; in the temporary asylum on the Great Okhta, 150; in the temporary asylum outside the town, 154; in alms-houses, 170; and in the hospital “for all the afflicted”, 50. In addition to these institutions, the military hospitals admit some civil lunatics. In 1884 the Minister of the Interior made a proposal to the municipality of St. Petersburg to take over the temporary hospital outside the town on the same conditions as the other temporary hospitals erected by the Committee of Public Health, in order to turn it into an asylum for the incurable insane. This proposition was submitted to the Town Council and the Committee of Public Health. Before coming to a decision both Cham-

bers thought it necessary to appoint a special committee to inquire into the condition and situation of the institution. The report made to them showed that the building was ready for immediate occupation, and, subject to the carrying out of a few repairs and necessary fittings, was large enough to accommodate 500 lunatics. Finally, the municipality decided to accept the management of the institution upon certain conditions ; to undertake the maintenance and medical treatment of the prisoners in the two barracks distinct from the temporary hospital, and under the jurisdiction of the prison department, which was to pay the municipality the rate of maintenance previously fixed by the Minister of the Interior ; to settle the terms of the lease ; to follow the classification of patients suggested in the report ; and to submit to the Town Council a detailed account of the estimated expenses required for the maintenance of this new asylum for incurables. In 1885 the Town Council resolved to place at the disposal of the Committee of Public Health a sum of 50,000 roubles (£7,915) for the maintenance of the asylum, and the insurance of it, and 15,000 (£2,375) roubles for rent and internal alterations, and the new institution received the name of the St. Pantehemon Asylum for Incurables.

The total cost of the institution in 1886 was 118,096 roubles, 52 kopecks (£18,700), which with a population of 487 lunatics shows an annual *per capita* cost of 242 roubles, 50 kopecks (£38 8s.), or 66.44 kopecks (2s. 1½d.) per diem.

DOMESTIC STAFF.

In connection with the St. Pantehemon Asylum a few words may here be said with regard to the domestic staff, which is the plague of all hospitals in Russia, and still more difficult to provide in lunatic asylums, where more work, more patience, and more humanity are required from the servants. In the first place, they are drawn from a low social class, who are still very much inclined to look upon the insane as victims of demoniacal possession ; in the next place, the salaries given are far too small, varying from nine to twelve roubles per month (28s. to 38s.) ; and not having been prepared by any moral influence for their work, the servants regard it as their last resource. A system of fines, varying from thirty kopecks to three roubles (from 1s. to 10s.), has been introduced, and has been successful in maintaining a certain amount of discipline. The fine-money is divided, in the form of gratuities,

among the nurses and attendants who show most zeal in their work. Theft, drunkenness, and harshness are punished by dismissal.

The proportion of attendants and nurses to patients appears to be high in Russia. At the Moscow Asylum there are thirty-eight male attendants to 222 patients, a proportion of one to six, and thirty-six nurses to 158 patients, a proportion of one to four or five. Their salaries are even lower in this institution than at St. Pantehemon.

RUSSIAN-POLAND.

The provision for the insane in the Kingdom of Poland is very inadequate. Of a total population of about 7,000,000, some 5,000 persons are estimated to be insane, and the existing asylum accommodation is for only 500 patients. The asylum of St. Johannes a Deo has accommodation for 200 male patients; the military hospital of Ongazdow, near Warsaw, for fifty lunatic soldiers; the insane branch of the general hospital of the Infant Jesus at Warsaw for 200 female patients; and the insane department of the Jews' hospital for fifty patients of both sexes.

The civil hospitals are dependent upon the Warsaw Board of Public Charity; the Ongazdow hospital upon the military authorities; the provincial hospitals upon the civil government; and all are ultimately dependent on the respective ministers at St. Petersburg.

SPAIN.

By the law of the 20th of June 1849, all benevolent institutions in Spain were declared to be public, excepting only such as were maintained by their own funds, provided they continued to fulfil their original purpose. A supplementary regulation declared that all establishments intended for the treatment of permanent diseases, or for those requiring special attention (this including asylums for the insane), were national as opposed to provincial and municipal. Prior to this, however, in 1848, the first statistics with regard to lunacy in Spain had been collected and published. From these it

appeared that there were at that time in the country 66 institutions of all kinds for the insane, made up as follows:—4 provincial establishments with the special character of asylums; 32 general hospitals; 10 workhouses; 2 lying-in and foundling establishments; 14 public prisons; 2 houses of correction; 1 military hospital; and 1 asylum. In these various institutions there were altogether 1,626 lunatics, of whom 1,475 were maintained, either at the public cost or by private charity, and 151 were paying patients. Only the four institutions first named and the departments in hospitals and workhouses were asylums in the proper sense of the word, lunatics in the other establishments being treated simply as persons suffering from infirmity. There were also at this period 5,651 lunatics in family custody, thus making a total of 7,277 insane persons, or one lunatic to every 1,667 of the population.

The law of May the 14th, 1852, provided for the establishment of six national lunatic asylums for the whole of Spain, only one of which, however, was actually founded. Various causes contributed to the final abandonment of the design, and the duty of taking charge of the asylums was left to the provincial authorities who had previously been provisionally empowered to maintain the insane under their jurisdiction out of the provincial funds, either in the asylum belonging to their capital, or in the nearest available one.

STATE OR NATIONAL ASYLUMS

The only institution of this kind in Spain is that of Santa Isabel, at Leganés, some two hours' journey from Madrid, founded in 1852, in the palace of the Duchess of Medinaceli. Admission to this institution is granted upon receipt of a judicial declaration of the patient's insanity, and a proper certificate of his baptism or inscription on the civil register. The Director-General of the Department of Benevolent Institutions in the Ministry of the Interior thereupon issues the order for the patient's removal to the asylum. Provisional or definite discharges are granted by the same functionary upon the recommendation of the Medical Superintendent, a medical certificate of recovery being necessary if the liberation is to be final, upon receipt of which the Director-General advises the persons who applied for, and the Judge who issued, the order for incarceration. The "Director-General de Bene-

ficencia," as representative of the Minister of the Interior, is charged with the inspection of the institution. Its population numbered 179 in 1879, since which year no lunacy statistics have been published.

PROVINCIAL ASYLUMS.

These are ten in number, and in 1879 contained an aggregate population of 2,047 lunatics, distributed as follows:—

Asylum.	Date of Foundation.	Number of Patients.
Merida (Badajos), Our Lady of Mount Carmel ...	1852	112
Cadiz Lunatic Asylum	1862	169
Grenada Hospital for the Insane	1855	166
Salamanca Hospital for the Insane	1851	65
Seville, Hospital of the Five Wounds of Jesus ...	1853	73
Sarragossa, Home of Our Lady of Grace	1852	398
Ternel Provincial Benevolent Institution	1864	90
Toledo, Hospital of the Innocents	1853	52
Vallencia, Ex-convent of Jesus	—	459
Valladolid, Casa de Cordon	1852	463
Total	—	2,047

The regulations of the provincial asylums are very similar to those of the Santa Isabel institution, but are liable to alterations at the hands of the provincial authorities, as they are merely bye-laws with no statutory force. A judicial declaration of the patient's insanity, accompanied by a medical certificate, is supposed to be necessary to obtain admission for lunatics, but there is reason for believing that the former condition is not invariably insisted upon. The provincial asylums are only compelled to admit formally incapacitated lunatics, and, being generally reluctant to admit more patients than is absolutely necessary, the chances of improper detention are considerably reduced.

PRIVATE ASYLUMS.

Of these there were seven at the date of the compilation of these figures, containing an aggregate insane population of 935, accommodated as follows:—

516 *Hospitals and Asylums of the World.—Asylums.*

Institution.	Founded by	Population
Manicomio de Nueva Bethlen, S. Ger- vasio de Cassiola, Barcelona ... }	Royal Order of the 7th of May 1850.	102
Torre Lunatica, Lloret del Mar, Gerona }	Royal Order of the 26th of July 1859	10
Asylum of San Bandillio de Llobregat, Barcelona ... }	Royal Order of the 27th of October 1859.	625
Asylum of the Brethren of St. John the Divine, Ciempozuelos, Madrid ... }	Royal Order of the 23rd of February 1877.	25
Dr. Esquerdo's Asylum, Carabanchel Alto, Madrid ... }	Not stated.	40
Manicomio de San Rafael, Valladolid	Not stated.	27
Instituto frenopatico, Barcelona ... }	Not stated.	106
Total ...	...	935

At the first of these, the Manicomio de Nueva-Bethlen, Barcelona, there is a medical superintendent and two assistant medical officers, and the nursing is done by sisters of the Order of St. Vincent. Prior to admission of patients a certificate of insanity must be delivered, signed by a medical man and counter signed by a notary, and a sum of money, the amount of which is not stated, must be paid by way of security on the part of the patient's representatives.

At the San Bandillio Asylum 103 patients are private paying patients, the other 522 being of the ordinary class.

The three private asylums which have not been founded upon royal order, have presumably received their licenses from their provincial committees for charitable institutions, inasmuch as they are subject to inspection from these bodies, which in turn have to supply the Central Government with a classification of all such institutions, public and private, within their jurisdiction. The committee must satisfy itself that all private charitable institutions are conducted in accordance with the intention of the founder; that they are wholly self-supporting; and that they are administered either by persons authorised by Government or by those appointed by their founder. Finally, it must obtain officially all documents establishing "the origin, character, patrons, administrators, purpose, endowment of, and alterations effected in, all private benevolent institutions existing within its jurisdiction." These Provincial Committees are composed of from seven to eleven members, nominated by the Civil Governor, and appointed for four years by the Minister of the Interior, chosen from residents in the provincial capital distinguished for their enlightenment, morality, and zeal. The Civil Governor is, *ex officio*, President, and has unlimited powers of inspection over and intervention with

all the private charitable institutions. In his capacity of Governor of the Province, he has large control over the public hospitals and asylums within its boundaries.

INSANE WARDS IN GENERAL HOSPITALS.

There appear to be eight of these departments, but we have been able to ascertain little or nothing concerning them; one, indeed, we have been unable to identify; but the remaining seven are situated at Cordova, Gerona, Malaga, Murcia, Oviedo, Soria and Palma (Balearic Islands). No separate monies are appropriated for their maintenance, nor are there any special attendants for the insane detained in them. Their total population amounted to 611.

GENERAL STATISTICS OF LUNACY IN SPAIN.

A new form for the collection of lunacy statistics was drawn up in 1880, but no provision was made for counting those insane who were not in institutions. According to the census there were 26 establishments for the insane, with a total population of 3,790, distributed as follows:—

Where found.			Population.
Santa Isabel, Leganés	...	...	197
10 Provincial Asylums	...	...	2,047
8 Insane wards in Hospitals	...	...	611
7 Private Asylums	...	...	935
26 Institutions.	Total	...	3,790

With regard to their medical condition, these 3,790 patients were classified as follows:—quiet, 1,676; half-quiet, 710; noisy, 388; uncleanly, 441; epileptic, 333; and not classified, 242. Classified according to their prospects of cure, the distribution was—curables, 1,181; incurables, 2,367; doubtful, 242. Under the head of maintenance the insane were distributed thus:—

By whom Supported.						Number.
State funds	...	...	...	...	...	136
Provincial funds	...	...	...	...	...	2,710
Municipal funds	...	...	...	...	...	39
Poor-fund of the Hospital of Santa Cruz (Barcelona)	...	...	...	...	...	288
Private means	...	...	...	...	...	575
Partly by Private means	...	...	...	...	...	42
Total						3,790

Another table in this same census returns the total number of officials at 495, distributed thus :—At Santa Isabel, Leganés, 45 ; in the ten provincial asylums, 198 ; in the eight insane wards of general hospitals, 87 ; and in the seven private asylums, 165. Classified according to their functions, these 495 officials were made up thus :—medical staff, 83 ; officials, 51 ; nurses and attendants, 282 ; and sisters of charity, 79.

The reason why lunatic asylums in Spain are in such a lamentable condition, as they undoubtedly are, is probably to be found in the fact that the exercise of the power of inspection with which the various authorities are endowed is discretionary instead of obligatory. Until this primary defect in the law is removed, little progress is likely to be made in properly providing for the insane in the Peninsula.

SWEDEN.

During the middle ages Hellig Aands Huse and Fraternitates were maintained for the reception of sick travellers and lunatics. After the Reformation in 1527 all the cloisters were abolished, only those being left which received the insane and which were called hospitals, while other institutions for the sick were called Lazarettos. The largest was created by King Gustav in 1531 at Stockholm in the old Franciskaner cloister, transferred in 1551 to Danriken outside the town. The Maison du Saint Esprit Upsala was built in 1305, re-organised in 1548, and arranged for lunatics in 1766. In 1802 its capacity was for only 32 patients but it can now accommodate 400. In 1773 all the hospitals were placed under the Seraphinen Order, the smaller institutions being done away with. In 1877 the Order was abrogated, and the State took over the management of these establishments.

MODERN LUNACY SYSTEM OF SWEDEN.

By the Swedish law of 1883 all State institutions have one common direction, and each separate asylum has a special board composed of the prefects of provinces, as presidents, the medical superintendent, and four other members. The State institutions consist of hospitals for curable and dangerous insane used for those legally under observation, and asylums for incurable, epileptic, dangerous

and idiotic patients. All other hospitals are required to admit lunatics provisionally. The entire system of lunacy administration depends upon the Board of Health. The public asylums are under the control of a managing committee which is in direct communication with the Government medical authorities, while the chief medical officer of the private asylums must always be approved by the Government, and must also be in communication with the medical authorities. The constitution of the Board of Health, as the supreme authority in all matters regarding the inspection of hospitals and the care of the sick, dates from the Royal Ordinance of 1859, which gave the Board the power to institute inspections when considered desirable. The Royal Board of Physicians are also entitled to institute such inspections when they think it necessary to do so. All private asylums have to be inspected and approved before obtaining a license, and in respect to management they are under the same laws as the public asylums.

THE INSANE NOT IN INSTITUTIONS.

There are careful regulations with regard to lunatics not confined in public or private asylums. If an individual shows symptoms of insanity his relatives or guardians, or, failing these, the mayor of the commune or the police, are obliged to cause a medical examination to be made, and have steps taken to provide for his proper care. When lunatics are in the charge of private persons or in workhouses the Mayor of the commune or the medical officer, according as the case is in the country or the town, is obliged to look after their well-being, reporting any abuses to the police. In the annual Communal Health Reports the treatment of all lunatics must be included, rectors of parishes supplying the proper doctors with a list of all such persons in their parishes. The Government medical authorities can at any time order a special inspection of the insane.

PROVISION FOR IDIOTS.

Idiots in Sweden are in the care of the communes. There are eleven institutions in all, of which six are public communal establishments, three are maintained by societies, and two are private. Their total capacity is for 291 patients. For children between six and eleven years of age the State provides an annual subvention of £5 12s. 0d. Dangerous idiots are placed in the asylums.

LUNACY STATISTICS OF SWEDEN FROM 1880 TO 1887.

In 1880, with a total population of 4,565,668 persons, 7,118 were reported to be insane, distributed as follows :—in asylums, 1,734 ; in hospitals, 145 ; and in home care, 5,239. These figures show that the asylum accommodation in Sweden is far too limited. During 1881 the accommodation for the insane increased from 1,991 beds to 2,028. There were ten institutions—viz., Conradsberg, Upsala, Wadstena, Wexio, Lund, Goteborg, Hernosand, Wykjobing, Wisby, and Malmoe. The total income of these ten institutions was Kr. 992,421.95 (£53,756), of which Kr. 600,000 (£32,500) were contributed by the State. The total expenditure was Kr. 991,845.86 (£53,725), giving an annual *per capita* rate of Kr. 454.52 (£24 12s.) exclusive of building charges. The total number of days of occupation was 151,218, of which 84,248 were by men and 66,970 by women.

During 1882 the accommodation increased from 2,028 to 2,084 beds, the accumulation falling upon the asylums at Upsala and Lund, which increased by 12 and 44 respectively. During the year, 2,491 patients received treatment and the occupation days reached 200,000.

In 1883 the State asylums treated 2,617 patients, or 37 per cent. of all the insane in Sweden ; 822 lunatics were also treated in the Lazarettos, exclusive of patients suffering from *delirium tremens*; of this number, 362 were discharged cured or improved, 284 unimproved, and 16 died, the others remaining under treatment. The average daily cost per head was Kr. 1.23 (1s. 4d.), or Kr. 450 (£24 8s.) per annum.

During 1884 the accommodation increased from 2,135 to 2,175 beds, room having been provided for 40 additional female patients at Upsala. In this year 2,773 patients received treatment.

At the end of 1885 there were 2,257 beds, almost the entire increase being again found at Upsala. During the year, 2,881 cases were treated, the mean daily number for all asylums being 2,157 ; many patients, however, being unable to secure admission. Beside the large institution at Upsala, building operations were in progress as follows :—an entirely new asylum for 250 patients at Kristinchania, almost ready for occupation ; an asylum for 650 incurables at Lund, in connection with the existing asylum for curable insane ; and a new medium-sized institution for the northern district of

Sweden. It was estimated that in a comparatively short time from this date there would be asylum accommodation for about half the insane of the country, exclusive of idiots.

At the end of 1887 the total asylum accommodation was for 2277 lunatics, the increase being due to the erection of a department for 20 male patients of the first class at Upsala. During the year, 2,922 patients received treatment. The percentage of cures for the decennial period ending with 1886 was 29.7. It should be mentioned that the insane in asylums are divided into three classes as follows:—(1) private paying patients with separate accommodation and treatment; (2) patients whose maintenance is partly paid for; (3) public patients for whom nothing or very little is paid.

It is a matter of great difficulty to collect satisfactory information with regard to the actual condition of the insane in Sweden. Prior to admission to a public asylum one medical certificate has to be furnished, and notice of the admission must be given within three days to the Board of Health, at any rate in the case of private asylums. The figures we have given above, though incomplete in many particulars, are yet sufficient to prove that an effort is being made steadily and uninterruptedly to bring the service up to the requirements of the present day.

TURKEY.

Of the provision for the insane in Turkey very little can be ascertained, but there is no doubt that what does exist is neither adequate nor calculated to afford the unfortunate lunatics much benefit. Originally, lunatic asylums were styled "*Dar-ul-Shifá*", which may be best translated by the French term, "*Maison de Santé*"; they were afterwards called "*Timar-Khané*", or nursing establishments, but since 1873 they have been called "*Bimar-Khané*", or homes for invalids. After the cholera outbreak of 1873 all lunatics, till then confined in Sultan Solymán's asylum, were removed to the "*Top-tash*" building at Scutari, where they have remained ever since. It is a State institution, being maintained by the Prefecture of Constantinople, and receives the insane of both sexes and of all nationalities from every part of the Ottoman

dominions. Formerly certain revenues belonged to the central asylum, and the provinces contributed to it also in a ratio estimating 400 lunatics for the provinces to 200 for the capital, but this has now dropped into disuse. The following table shows the movement of the population in the "Top-tash" building for the year ending the 1st of March 1885, and also the religion to which the inmates belonged :—

Remaining 1st March 1884 ...	{	Mussulmans ... 441	}	492
		Christians ... 35		
		Jews... ... 16		
Admitted during the year ending 1st March 1885 ...	{	Mussulmans ... 333	}	462
		Christians ... 115		
		Jews 14		
<hr/>				
Total number under Treatment during the year ...				954
<hr/>				
Cured	{	Mussulmans ... 190	}	262
		Christians ... 65		
		Jews 7		
Died	{	Mussulmans .. 107	}	131
		Christians ... 20		
		Jews 4		
Remaining 1st March 1885 ...	{	Mussulmans ... 477	}	561
		Christians ... 65		
		Jews 19		

The Medical Superintendent attributes the high mortality to overcrowding, but we have no information as to what the accommodation in the asylum is. We have already stated that the ratio of insanity to the general population is lower in Turkey than in Europe, but it has not been possible to accurately verify this statement, as a great many Christian lunatics are housed in asylums attached to the Armenian and Greek hospitals, to "Surp-Agop", and in the "Asile de la Paix". Moreover, there is nothing to show whether the inmates of the "Top-tash" lunatic asylums are derived wholly or only in part from the capital. According to the last census the population of Constantinople is 873,000 in round numbers, made up of 389,000 native Mohammedans, 310,000 native Christians, 44,000 native Jews, and 130,000 aliens.

In June 1885, the asylum contained 428 male lunatics and 160 female lunatics, a total insane population of 588, and although considerably overcrowded, it was clean. Some few lunatics also are contained in the Civil Hospital at Broussa, and we have elsewhere referred to their truly deplorable condition, which should be tolerated no longer.



CHAPTER XIII.

THE UNITED STATES OF AMERICA.

STATE INSTITUTIONS.



IN some States, which have State hospitals or asylums for the insane, lunatics must be committed to them. This is true in very few States practically, since lunatics are in fact committed to county poor-houses and insane asylums, and to private institutions for the insane. States which have no such institutions of their own, including Delaware, Idaho, Montana, Vermont, and Wyoming, and the territories of Arizona and New Mexico, either place the insane in some private asylum, or contract with some institution outside the State. In reference to private patients, some few States with asylums of their own allow their insane to be sent to those of other States. In Virginia, for instance, the governor has power to cause lunatics to be placed and detained in any asylum outside the State at his own discretion, and in North Carolina the justices who hold the inquest may, together with the physicians, if the patient's income is amply sufficient to justify it, recommend that any person adjudged to be insane, who shall prefer it or his friends prefer it for him, be confined in any named asylum outside the State.

THE INSANE IN COUNTY POOR-HOUSES.

The State of New York has at length taken steps to abolish one of the darkest blots upon its lunacy service, by passing a law for removing the insane from the county poor-houses to the State asylums. For many years the feeling against the former establishments for the insane had been growing daily stronger, and the

State Charity Aid Association had struggled long and persistently for the end they have now obtained. The following extract from a letter from the late Dr. Martin B. Anderson, for thirty-five years president of the University of Rochester, to the Hon. Donald McNaughton, states the case as between State asylums and county poor-houses succinctly and authoritatively :—

“During the last twenty years large numbers of insane paupers were found in the county poor-houses suffering from filthiness, inadequate room, and want of intelligent care. The experience of the commissioners and their secretary in the examination of these classes of dependent poor led them at once to make efforts to replace the county by State care in the cases of children and insane, and to secure a special asylum for idiot women. These efforts were vigorously resisted at first, and it was only after some years of effort in generating a healthy public opinion in the counties, that these classes of dependents were taken from the poor-houses by State laws, and placed in appropriate asylums. An exception to this State action was made in the case of counties which had erected in connection with poor-houses special buildings for the insane, and provided for them something like adequate attendance and medical care. But these exceptions to universal State care of the insane have not been productive of the results hoped for. The care of the insane in these excepted counties, though an improvement on the old poor-house accommodation, has not been satisfactory. This has not resulted from any want of fidelity on the part of those in charge, but from these patients being identified to a limited extent with the sane inmates of the poor-house; from inadequate and ill-arranged buildings; from indifferent attendance and small provision for air and exercise. Most of these difficulties have arisen from failure on the part of supervision to make appropriations large enough to meet the expense of proper accommodation and care. This deficiency of appropriations is in many counties accompanied by frequent changes in the administration of superintendents and keepers. With this also is associated the desire to control contracts for supplies, and a certain small amount of patronage which a change of system would remove from the county, and put into the hands of State officials. When we compare the best of these excepted asylums with the State asylum at Ovid (Willard) the superiority of the State institution is marked in almost every particular. In respect to facilities for ventilation, exercise, and separation of

patients exhibiting various phases of disease, the superiority of the Ovid institution is most evident. On account of the compulsory residence of insane paupers for two years in one of the State asylums for recent cases of insanity, those transferred to a county house, without being essentially improved, are rated by the county officers as incurable; and it is assumed by these officers that all agencies and facilities for the cure of insane persons generally are useless, and need not be provided for. This assumption on the part of the county authorities, and the persons in care of the patients, furnishes a certain excuse for the omission of those energetic measures to effect a cure, which ought to be constantly employed in every asylum. If given the same humane and proper treatment, county care will cost more than State care. Thirteen years' experience on the State Board of Charities has led me to the decided conviction that the interests of the State, as well as every consideration of benevolence, should lead our legislature to abolish the present county system, and replace it by a comprehensive State system, of which the institution at Ovid serves as a worthy and successful illustration."

Dr. Anderson's condemnation of the county system was endorsed by the first annual report of the State Commission in Lunacy, which declared that, however feasible in theory, the system in practice had failed; that as a system it had developed inherent difficulties and defects which seemed to be ineradicable, and which made its successful operation in all essential respects impossible; and that consequently it ought to be abolished, and the policy of State care for all the insane, both chronic and acute, re-established at the earliest practicable date. Finally, the Commission recommended that all the insane in the county poor-houses in all the counties of the State, except New York and Kings should be transferred as soon as possible to State asylums.

Dr. Anderson's letter, thus supported by the State Commission, proved a powerful factor in passing the Bill providing for the removal of the insane from county poor-houses to State asylums. This Bill was originally drafted in 1887, and introduced in the legislature at its next session in 1888, but failed to get through. In the summer of 1888 the Standing Committee of the State Board of Charities on the insane inspected all the poor-house asylums in the exempted counties, and made a careful report upon them. Backed up by this report, and by most of the learned societies, the Bill was again introduced in 1889, but once

more unsuccessfully. Meanwhile, the State Commission in Lunacy had been founded, and had published the report with recommendations, to which we have already referred. Amended by the incorporation of these recommendations, the Bill was a third time introduced, and passed without amendments, receiving the approval of the Governor on the 15th of April 1890.

The following are the main points in this law: (1) It re-affirms the principle of State care for the insane, adopted in 1836, and extended in 1865, and carries the principle to its legitimate conclusion by committing the State to the entire support of its dependent insane wards; (2) it divides the State into districts, and compels each State asylum to receive all the insane of the district, thus abolishing the legal distinction between acute and chronic cases of insanity; (3) it renders possible a medical classification of the insane, and the maximum of individual care, by providing for the treatment of lunatics in small detached cottages; (4) it limits the cost of building and equipment to a fixed *per capita* sum; and (5) it makes it to the financial interest of all the counties to place their insane under the care of the State, besides being obligatory in the case of all the counties, except three, in each of which it is permissive.

Of the States which still authorise the detention of the insane in alms-houses, Wisconsin seems to have the best legal provisions for their keeping. The board of supervisors of any county in the State, may, with the authority of the Governor, and the State Board of Charities and Reform, erect and establish county asylums, into which any inebriate may be received, and also all inmates of the State institutions for the insane who belong to the said county, and are held as chronic or incurable insane, all insane inmates of the county poor-houses, and all other residents of the county legally adjudged to be insane. Acute cases of insanity are invariably transferred to a State hospital. Patients chargeable to other counties, and private patients not chargeable to any county in the State may also be admitted. These county asylums are subject to the supervisory care of the State Board of Charities and Reform, without whose consent it is unlawful for the authorities of any county to assume or retain the care and custody of any insane person. The plans and specifications for the buildings so occupied, must be approved by the Governor and the State Board. The State originally bore one-half of the cost of their construction, but in a later statute this provision was omitted. The asylums

are managed by trustees, three of whom are appointed by the Governor, and two by the county supervisors in each county. The State pays for the support of the pauper insane maintained in these county asylums at the rate of 2.75 dols. each per week. The counties must apply this money to the care of the inmates, and make whatever additional appropriations are necessary for the improvement of the ground and buildings. There appears to be very little to be said with regard to the commitment of the insane to alms-houses; many of the States allow this to be done, but the permission is by implication, or by construction of the statute, rather than by any expressed provision contained therein. In Ohio the Commissioners of any county which maintains an alms-house are obliged to provide separate apartments in or near the alms-house for the reception of lunatics and idiots resident in the county if they cannot be received into any of the State asylums, or have been discharged from them. The directors of the alms-houses must provide and care for insane paupers, and may receive paying patients; insane persons may be confined in the alms-houses if necessary, upon the order of the probate judge.

PRIVATE ASYLUMS.

These institutions are recognised in Indiana, Massachusetts, New York, Pennsylvania, Rhode Island, Wisconsin, Connecticut, and Maryland. Licenses to hold private asylums in Massachusetts can be granted to any proper person by the Governor and council of the State, who are able to revoke any such license at any time. Private asylums are subject to visitation by the Governor and council, or any committee appointed by them, and also by the judge of the probate court of the county in which the institution is situated. No such asylum can be opened in New York without license from the State Commissioner in Lunacy, while in Pennsylvania, the State Board of Public Charities can require private asylums to take out licenses and appoint boards of visitors to inspect them and frame regulations for their guidance. Private corporations may be formed for any charitable purpose, including the care of the insane, in Wisconsin. These corporations are visited by the State Board of Charities and Reform, just as are the State institutions. Insane persons may be committed to these private asylums in the same manner that they are committed to the State asylums, upon the written request of their friends, or of

the board of supervisors if they are county patients. The private corporations must furnish annual reports to the State Board of Supervision, and they may not receive patients from other States until the trustees have executed and filed a bond to the State of Wisconsin, in such form, amount, and with such sureties as the Governor of the State may approve, conditioned to indemnify the State of Wisconsin against loss in case such patients become paupers in that State.

THE INSANE IN GAOLS.

Many States authorise the temporary detention of lunatics in gaols, either pending inquest, or pending admission to the asylum. The time for which they may be so confined varies considerably in the different States. In Rhode Island insane persons cannot lawfully be detained for more than five days in any town asylum, poor-house, lock-up, or bridewell without the consent of the State agent of charities and corrections. In Michigan and New York the longest period is ten days. In Virginia and West Virginia, where, according to the census of 1880, the largest proportion was found of lunatics in gaols, patients may be kept in gaol until lawfully discharged or removed if the asylum authorities refuse to grant them admission. Such confinement must be certified by the gaoler to the court at its next ensuing session, and the allowance for the maintenance and care of the lunatic is not paid unless it is proved that immediately after admission, and once every two months subsequently, application was made to the directors of both asylums for admission, or that the applications were discontinued because the reason for the refusal to admit the lunatic had been other than want of room.

THE INSANE IN PRIVATE CUSTODY.

The entrusting of lunatics to private persons, either their relatives or friends, is taken for granted as a natural right of which the State cannot deprive the patients' relatives, except where the patient is abused, or public safety is imperilled. It is not generally permitted to consign the care of the insane to persons authorised to receive them for a remuneration; and the only State in which the Scotch system of boarding-out has been tried is Massachusetts, and there only on a very limited scale. The commitment may be

by the courts or asylum authorities, at the time of inquest, or upon discharge from the asylum, and it may be with or without bond. It should be noted that, whereas in most of the States this commitment of lunatics to the custody of private persons is purely optional on the part of the court, in Colorado it is otherwise. The law provides that both before and after inquest, upon application of any relative or friend of the person alleged to be insane, and upon its satisfactorily appearing that the applicant is a suitable person to have the custody of the alleged lunatic, the county court "shall" order him to be delivered into the custody of such relative or friend. The court has no discretion in the matter. Bonds, guaranteeing that the patient shall be properly restrained and cared for if kept by his friends at home, are required in Connecticut, Florida, Maine, Minnesota, and Washington State in the case of persons acquitted of a criminal charge on the ground of insanity; in Maine, in the case of persons not indicted for crime on the ground of insanity; in Minnesota, North Carolina, Texas, and Washington territory, in the case of persons delivered into the custody of their friends at the time of inquest; and, lastly, in Ohio, when a patient is discharged from the asylum.

PRIVATE PATIENTS IN STATE ASYLUMS.

A feeling seems to have been gaining ground that in New York paying patients should not be allowed to occupy room more properly intended for the indigent insane. This room has always been required, but since the passing of what is known as the State Care Act in April 1890, the need of space in the State hospitals for the insane has become more pressing, as this Act requires that pauper lunatics shall be transferred forthwith to the State hospitals from the county poor-houses. This feeling has at length found expression in an order recently issued by the State Commission in Lunacy to the effect that on and after the 1st of October 1890, no private patient in any State hospital shall be allowed to occupy more than one room for his personal use, nor to have an attendant exclusively devoted to him; and moreover, that no difference is thenceforward to be allowed in the scale of care and accommodation provided to private and public patients. This order further provides that, after the 1st of October 1890, no private patients are to be admitted to the State hospitals except in strict conformity with the statutes, when there are vacancies in the asylum, and then only recent cases, accompanied by specially distressing features, or pro-

missing speedy recovery ; admission may, in these cases, be made upon an order granted by the State Commission in Lunacy, upon an application in writing addressed to the Commission by a near relative, guardian, or committee of the patient.

STATE CRIMINAL ASYLUMS.

The State Asylum for Insane Criminals at Auburn is under the control of the Superintendent of State Prisons, and is one of few institutions of the kind in the United States, although there is an asylum for insane criminals in Michigan, entirely disconnected from any of the other insane asylums and from the prison. The State of Illinois is building one upon the grounds of the Southern Penitentiary at Chester, but it is a separate institution, and not a part of the penitentiary. The State of Iowa has a separate department for insane criminals connected with the penitentiary at Anamosa. Prior to 1855, insane convicts belonging to the State of New York were either detained in the prison or sent to the State Lunatic Asylum at Utica, to both of which courses there were most serious objections. In 1855 the Board of State Prison Inspectors, under whose management the State prisons then were, were authorised by the legislature to make the necessary provisions in one of the State prisons, and to remove thither all the insane convicts then in the asylum at Utica, and also to remove and retain in proper custody any convict in any State prison declared by the prison physician to be insane and unfit for prison discipline. It was not until 1857, however, that this Act took effect, owing to lack of appropriations of funds, but in 1857 the legislature appropriated \$20,000 for the purpose, and modified the original Act so as to allow female insane convicts to be sent to the Utica asylum as before. They further ordered the money to be spent on the ground occupied by the State prison at Auburn. From the absence of the word "asylum" in the texts of these two Acts, and also from the absence of any specific directions as to the kind of provision to be made, it appears that all that was originally contemplated was an insane department in connection with the prison.

The following year, that is in 1858, another Act was passed, organising the institution which was then known as the State Lunatic Asylum for Insane Convicts, and vesting its management in the Board of State Prison Inspectors, with whom rested the appointment of the Medical Superintendent, and the power of

framing regulations, and the commitment of insane convicts from the prisons, subject to the prison physician's certificate. In 1859 the original structure was completed and opened for the reception of patients. In 1869 its corporate title was altered to "State Asylum for Insane Criminals", in order to provide for the confinement of "persons accused of arson, murder, or attempt at murder who shall have escaped indictment, or who shall have been acquitted upon the ground of insanity." By this Act provision was made, also, for the transfer of persons of the latter class to this institution from the other State lunatic asylums. In 1874 the building was enlarged by the erection of a wing for 80 patients, making a total capacity of 140.

The sources whence the asylum derives its patients are the State prisons and county penitentiaries, the New York State Reformatory, from the courts direct, and by transfer from other State asylums by order of a court. Patients upon recovery may be discharged as follows:—If under indictment, by returning them to the custody of the court on whose order they were received; if acquitted upon the ground of insanity, by order of a justice of the Supreme Court of the judicial district in which the asylum is located; if convicted, by transferring to Auburn prison cases received from State prisons, and, to penitentiaries and the State Reformatory, cases received from them. Convicted patients who recover after expiration of the term for which they were sentenced may be liberated. Convicted patients continuing insane after their term of sentence has expired may be detained in the asylum if regarded as dangerous, or likely to be benefited by further treatment. If regarded as incurable and harmless, they may, with the approval of the Superintendent of State prisons, and the State Commissioner in Lunacy, be transferred to the custody of the Superintendents of the Poor of the county in which they were sentenced; or they may, upon certain conditions, be delivered to the custody of their friends. Patients found to be not insane may be disposed of in the same manner as if recovered. The purposes for which the asylum was created are three-fold:—The protection of society; the relieving of the inmates of ordinary asylums from association with criminals; and the securing for the insane of the criminal class kind care and appropriate treatment.

In 1886 a Commission was appointed to determine the best method of providing additional accommodation for the insane criminals, and also to consider the expediency of providing farm

lands for their occupation. The Commission found the population of the Auburn asylum to be more than 30 per cent. in excess of the accommodation, and, besides the immediate necessity of making additional provision to obviate this serious overcrowding, they decided that accommodation for at least 150 additional insane criminals must be made to meet the requirements of a section in the laws of 1884, which provided for the transfer of criminal lunatics from the other State asylums. They also recorded their opinion that the situation of the asylum was in every way unfortunate, being in a densely populated part of the city, in too close proximity to the railroads, too much identified with Auburn prison in the public mind, and entirely deprived of all facilities for the out-door occupation of the patients. Their report concluded with a strong recommendation that the asylum should be removed to a farm.

The result of this report was the passing of an Act authorising the commissioners to select and purchase a site of not more than 250 acres of land, and to procure plans and estimates for constructing buildings to accommodate 450 patients, and adapted to the requirements of the criminal insane; and, finally, appropriating a sum of not more than \$300,000 for the purpose of carrying out these provisions. The new asylum thus inaugurated is rapidly progressing towards completion. It is situated at Matteawan, and is now said to be ready for occupation.

A special hospital for the criminal and convict insane is undoubtedly the best provision that can be made for this class of State wards, and it should be so arranged that those who have become insane while serving out their sentence for crime may be separated from those whose insanity was the prime cause of their wrong-doing. Such hospitals, however, could only be opened in quite the largest States, in which the population is sufficiently large to render it probable that the number of these insane will justify the erection of a special institution. In the smaller States such a hospital would necessarily have far fewer inmates. As we have incidentally mentioned elsewhere, there is a great and almost insuperable objection to the scheme of organising a national board of inspection, the impracticability of the same growing out of the double system of political organisation which prevails in the country, and the character of which it must be difficult for one not accustomed to it to grasp fully. The jurisdiction of the State and Federal governments is absolutely distinct, and the lines of demarcation, though

in some instances a trifle vague, are clearly apparent to Americans. The State governments are naturally jealous of any encroachment upon their rights and privileges, and the Federal government respects their feeling as far as possible. In all matters relating to the care of the unfortunate and criminal classes, the State governments are alone responsible. They are the sole judges of what is necessary, or proper ; and the funds for maintaining the benevolent, penal and reformatory institutions, are raised by the State taxation. The States feel that for the national government to criticise, or attempt to control even indirectly, their free and independent action in this regard, would be a political outrage and a violation of the principles of the constitution.

It would be almost impossible to secure any combination among States for any purpose. The joint action of the States is supposed to be provided for in the machinery of the Federal government, and limited to national affairs. There does not appear to be a single example of such joint action, which would be somewhat in the nature of a treaty between States. The States do not make treaties with each other. They are independent of each other only in local matters, and in no sense distinct nationalities, or political organisations, with attributes assimilated to those which inhere in nations.

However this may be, at the present time the best provision for these lunatics in the smaller States consists of wholly detached buildings within the grounds of the State asylum, within easy access of the administration building, but separated from the rest of the institution, so as to guarantee that there shall be no mingling of the criminal with the non-criminal patients. If this criminal department can be divided into distinct quarters, as indicated just now, so as to separate the criminal who has become insane from the lunatic who has committed crime, it is all the better. Even the best arrangement of this kind, however, will always remain inferior to a State asylum for the criminal insane only ; and precedent ought not to prevent combination among several contiguous States with this object.

ACCOMMODATION.

Inadequacy of provision for the existing requirements of the insane is a complaint common to every country in the world ; but it is a remarkable thing that the disproportion in this matter should be more noticeable in America than anywhere else—remarkable, because no country is more lavish in its expenditure upon asylum construction, nor more alive to the importance of

the interests involved. Of a total of 91,959 lunatics, exclusive of idiots, accounted for in the census of 1880,* only 50,876 were maintained in public institutions, while the remaining 41,083 are described as being "at home, or in private care". Without wishing to infer that in this latter case the accommodation was improper from the point of view of the insane persons themselves, it may none the less be the fact that it was, and is, highly improper from the point of view of the State. After providing remedial measures for all curable cases, one of the most important duties of those responsible for the insane population is to minimize as far as possible the chances of intercommunication between the sexes and consequent propagation of insanity. It is a legitimate presumption that this is not so easily attained in private houses as in public institutions, where complete separation of the sexes is provided for in the plans. It is remarkable, moreover, that while 50,876 insane persons were provided for in public institutions, 49,942 is the actual number accommodated in hospitals for the insane, the remainder being received into alms-houses and gaols, or into what is more vaguely described as "benevolent institutions". There is not a country in the world where overcrowding, with all its attendant evils, is more prevalent than in the States. In fact the accommodation provided for the insane population is wholly disproportionate to the numbers to be provided for. This is not only true of the whole country but of every individual State, the demand for provision being in every instance far in excess of the supply.

POPULATION.*

From the tenth census it appears that the insane population of America amounted in June 1880, to 91,959, while the idiots num-

* These are the latest completed figures obtainable, but as the new census is now taken, we hope to be able to give the figures for 1890 in a special Appendix at the end of this volume. From the eleventh census, it appears that the total number of persons treated in both public and private institutions during the year 1889 was 97,535, as compared with 56,205 treated in 1881, showing an increase in nine years of 41,330, or 73.53 per cent. It is stated that this increase is an evidence of great growth in the amount of asylum accommodation provided, and of the willingness on the part of the public to make full use of such facilities, rather than an increase in the proportion of insane persons to population. On the 30th of June 1891, the actual number of insane in the United States could not be determined, as the work of eliminating all duplicate reports of cases had not then been completed. It appears that the total annual cost per head of the number treated in 1889 was 161 dollars, as compared with 184 dollars in the ten previous years, and with 175 dollars per head in the decade preceding that last mentioned.

bered 76,895. Broadly classified according to races these totals were made up as follows:—

	Total.	NATIVE WHITE.		FOREIGN WHITE.		COLOURED.	
		Male.	Female.	Male.	Female.	Male.	Female.
Insane ...	91,959	29,134	30,511	12,450	13,708	2,807	3,349
Idiots ...	76,895	37,108	26,225	2,320	1,663	5,881	3,698

Compared with previous statistics this census shows a very large increase in the number of insane and idiotic persons in the ten years 1870-80, as the following figures show:—

In 1850 there were	15,610	insane, and	15,787	idiots
„ 1860	„	24,042	„	18,930
„ 1870	„	37,432	„	24,527
„ 1880	„	91,959	„	76,895

The following tables show the distribution of these lunatics and idiots among the States and Territories of America:—

Number, in 1880, of Idiots and Insane by States.

States and Territories.	Idiots.	Insane.	States and Territories.	Idiots.	Insane.
Alabama ...	2,223	1,521	Brought forward	34,312	39,456
Arizona...	11	21	Missouri ...	3,372	3,310
Arkansas ...	1,374	789	Montana ...	15	59
California ...	507	2,503	Nebraska ...	356	450
Colorado ...	77	99	Nevada ...	18	31
Connecticut ...	817	1,723	New Hampshire...	703	1,056
Dakota...	80	72	New Jersey ...	1,056	2,405
Delaware ...	269	198	New Mexico ...	122	153
District of Columbia	107	938	New York ...	6,084	14,055
Florida...	369	253	North Carolina ...	3,142	2,028
Georgia ...	2,433	1,697	Ohio ...	6,460	7,286
Idaho ...	23	16	Oregon...	181	378
Illinois ...	4,170	5,134	Pennsylvania ...	6,497	8,304
Indiana ...	4,725	3,548	Rhode Island ...	234	684
Iowa ...	2,314	2,544	South Carolina ...	1,588	1,112
Kansas...	1,083	1,000	Tennessee ...	3,533	2,404
Kentucky ...	3,513	2,784	Texas ...	2,276	1,564
Louisiana ...	1,053	1,002	Utah ...	148	151
Maine ...	1,325	1,542	Vermont ...	803	1,015
Maryland ...	1,319	1,857	Virginia ...	2,794	2,411
Massachusetts	2,031	5,127	Washington ...	47	135
Michigan ...	2,181	2,796	West Virginia ...	1,367	982
Minnesota ...	729	1,145	Wisconsin ...	1,785	2,526
Mississippi ...	1,579	1,147	Wyoming ...	2	4
Carried forward	34,312	39,456	Total ...	76,895	91,959

We have been unable to collate any authentic figures showing

the existing accommodation in these various States and Territories owing to the difficulty of obtaining precise, and in some cases any, information at all. It has consequently been found impossible to make this chapter on asylums in the United States and their administration at all proportionate to its importance.

DISTRIBUTION OF THE INSANE.

It appears that of the whole number of lunatics included in the census, 40,942 were in institutions at the date when it was taken; 14,712 formerly had been so confined, and the remaining 36,305 are unclassified. There were 2,429 idiots in training schools, while 809 formerly had been inmates of such institutions, and of the remaining 73,657 no particulars are forthcoming. These persons were accommodated as follows:—

Where found.	Insane	Idiots.
In Hospitals for the Insane	40,942	1,141
In Training-schools for Idiots	—	2,429
In Alms-houses	9,302	5,837
In Benevolent Institutions	235	241
In Gaols and Prisons	397	47
At Home or in Private care	41,083	67,200
Total	91,959	76,895

In order to ensure that each portion of the State may have its just share in the benefits of the existing institutions, two methods have been adopted. The first divides the State into districts with clearly defined boundaries, having more than one institution, as in the case of Illinois, Kentucky, Michigan, New York, Pennsylvania, and other States; the second, assigning to each town or county its legal quota of inmates, in proportion either (*a*) to the whole number of the insane, or (*b*) to the total population. This latter plan is adopted in Alabama, Maine, Maryland, Tennessee, and other States.

MANAGEMENT.

The direct charge of each institution is committed to a separate board of trustees with sole executive power and responsibility, the idea being that such a board, having but one single aim and no divided sympathies, will pay far more attention to the affairs of their institution than could be expected from any central board of

control charged with the details of executive management of several establishments of various size and character. These trustees have in turn to give a minute report of their administration to a central or State board, which has no executive power or responsibility, but practically unlimited powers of visitation, inspection, suggestion, and criticism. This board has obviously no interest in concealing any defects it may note, but may be deemed certain to fulfil conscientiously its duties of holding the asylum officials to an exact account of their stewardship and of informing themselves, and then the executive and legislative departments of the Government, as to the management of the institutions.

With regard to the trustees and their appointment, the preference is given to small boards, as the share of responsibility attaching to each individual trustee is in inverse ratio to the number of members of the board. It has further been recommended by the State of Illinois that the board should represent as many counties as it has members, in order to reduce local influence to a minimum; that the trustees should be appointed by the Governor, instead of by election by the legislature or the people, so as to remove them as far as possible from all political connection; that the boards should be divided into classes, so as to secure continuity in the board in spite of change in membership; and that the trustees should be honorary, so as to prevent their position from becoming a prize for partisan service rendered. Finally, the State Commissioner of Public Charities has the right to inspect the premises, inmates, and records, asking questions under oath if necessary, making suggestions, and giving information and counsel to the legislature and Governor. Their work, indeed, is well described as professional rather than administrative. With regard to the actual internal administration of American hospitals for the insane, there is very little that calls for special comment. We have already referred to the discussion that took place in Illinois upon the advisability of establishing a system of dual control, at any rate in large asylums, upon the cottage principle, for the chronic insane. This system is now in practical operation at Kankakee, and will, of course, be judged by its results. Subject to certain reservations, it appears to be admirable in theory.

More attention may, however, be fittingly given to the question of the suitability of female physicians for appointments as medical superintendents of the female wards in large institutions for the insane of both sexes.

SUPERVISION OF HOSPITALS FOR THE INSANE.

In most of the States the supervision of the hospitals for the insane is entrusted to State Boards of Charities, who visit all such institutions, public and private, at least once a year. The Massachusetts State board of health, lunacy and charity, is charged to visit all places where State paupers are supported, at least once in every six months. It is empowered to act as a commission in lunacy, and to investigate the question of the insanity and condition of any person committed to any public or private asylum or hospital for the insane, or restrained of his liberty by reason of alleged insanity at any place within the commonwealth; and to discharge such person if not insane, or capable of being cared for after discharge without danger to others and with benefit to himself.

With regard to the appointment of a National Board of Lunacy Commissioners there appears to be a feeling that such a system, though admirable in itself, would be impracticable in America, because there is no central appointing power. Each State must at present make its own appointments; but the number of asylums is, as a broad rule, too small to make it worth while to set apart one board for the purpose. In this connection Dr. Tuke says: "A stranger may well hesitate to suggest a plan which a man so impartial and well able to judge as Dr. Stearns regards as not feasible in America. It seems a pity that some States cannot join together and so make it possible to have men, with ample knowledge of the insane, and without other duties to perform, constituting a board of inspection. But I am informed that such a scheme is not in accordance with precedent, and would never be adopted." If precedent was the sole or main objection to a National Board, then it might be regarded as certain that its immediate organisation is desirable, and should be secured. Seeing, however, that the American States differ from one another in so many ways it is clear that the same system of administration would not do for all, and so the idea of amalgamation may be regarded as chimerical, or at least as impossible of attainment.

In Illinois the State Commissioners of Public Charities may visit the State institutions for the insane, have access to the buildings, grounds, books and papers, inquire into all matters pertaining to their usefulness and good management, ascertain whether the laws

in relation to them are fully complied with, and report to the Governor biennially the result of their investigations. They may also visit and examine into the condition of other places where the insane may be confined ; but they have no executive power, and make special investigation into alleged abuses only when directed by the Governor. In New York there is now a lunacy commission entirely separate and distinct from the State Board of Charities ; but formerly cases of insanity came under the management of the board, whose power was identical with those of the Illinois State Commission, and, in addition, there was a special functionary, known as the State Commissioner in Lunacy, appointed by the Governor, and *ex officio* a member of the board. By the laws of 1874 it was provided that "it shall be the duty of such commissioner to examine into and report annually to the legislature, on or before the fifth day of January, the condition of the insane and idiotic in this State, and the management and conduct of the asylums, public and private, and other institutions, for their care and treatment. The said commissioner is hereby empowered to issue compulsory process for the attendance of witnesses and the production of papers ; to administer oath, and to examine persons under oath ; and to exercise the same powers as belong to referees appointed by the Supreme Court in all cases where, from evidence laid before him, there is reason to believe that any person is wrongfully deprived of his liberty, or is cruelly, negligently, or improperly treated in any asylum, institution, or establishment, public or private, for the custody of the insane ; or whenever there is inadequate provision made for their medical care, proper supervision, and safe keeping ; and if the same shall be proved to his satisfaction, he is further empowered to issue an order in the name of the people of the State, and under his official hand and seal, directed to the superintendent or managers of such institution, requiring them to modify such treatment, or to apply such remedy, or both, as shall therein be specified."

From this it is obvious that, besides supervising the medical treatment of the insane, the State Commissioner in Lunacy is also charged with the duty of examining cases of illegal detention, and certifying such to the courts ; of investigating cases of alleged mismanagement of any institution ; of holding judicial inquiry when necessary ; and of relieving the courts from certain proceedings in lunacy of a tedious and expensive character.

THE MODE OF PROCEDURE IN FOUNDING A LUNATIC ASYLUM.

It appears that upon the legislature rests the responsibility of determining when further accommodation is necessary for the relief and care of the insane, the number of whom is ascertained by the government census, which is taken decennially. When the erection of a new hospital is decided upon, a board of commissioners is appointed by the Governor of the State, to whom is entrusted the selection of a site, the adoption of plans, and the erection of buildings. This board, which is generally a small one, consisting of from three to seven members, is frequently superseded, before the completion of the buildings, by a board of trustees, who henceforth have the direction and supervision of the institution.

There is a celebrated case in which some officials, headed by Dr. Jarvis, took the initiative, and forestalled the action of the State, by laying a report before the legislature of Massachusetts in 1854, showing that there were at that time some 600 lunatics at large in the State who were fit subjects for hospital care. This proceeding resulted in a resolution being passed, without a dissenting vote, to erect a new asylum at Northampton, although the State had already built two hospitals for the insane. This action on the part of State officials, showing great zeal and interest in behalf of the insane, was, of course, a very exceptional case of the primary step being taken by any other body than the legislative one.

WEEKLY RATE OF MAINTENANCE.

The weekly rate of maintenance in American hospitals for the insane appears to average \$3.50. Thus at the Indiana Hospital for the Insane, Indianapolis, it is \$3.20, at the Eastern Michigan Asylum, Pontiac, it is \$3.71, and at the Connecticut Hospital for the Insane, Middleton, it is \$3.50.

At the Alabama Insane Hospital, Tuscaloosa, the State allows a maximum cost for the support of the patients of \$1.00 a week, but the actual cost for indigent or State patients is only \$2.25. This covers all the expense to the State for the support of the institution, including board and clothing of all the patients,

salaries and wages of officers, nurses, and other *employés*, and repairs. Private patients pay \$25.00 monthly.

The rate of maintenance for patients sent to the State Hospital for the Insane, Warren, Pa., by the public authorities is fixed by law at \$1.75 a week, and the difference between this sum and the actual cost is paid by the State by a special appropriation, provided the excess does not exceed \$2.00 a week. For private patients the rate varies with their ability to pay, though the general rate is \$3.50 a week with an extra charge for such clothing as may be supplied. Some patients pay less than the general rate, if their resources are limited, and *vice versa*.

At a special session of the New York State Commission in Lunacy, held in September 1890, estimates and reports were laid before the Commission from the superintendents of the State hospitals, and other interested persons, concerning the charge to be made to counties of the State for the care and maintenance of insane patients in the State hospitals; the commission being required by statute to establish a rate of maintenance, which would apply to all the counties in the State, made the following order, which we give *verbatim* :—

“1. There shall be charged for each patient in continuous custody under the commitment, or order, by which he is held, as follows :—

“(a) For the first three years or less, the sum of four dollars. and twenty-five cents per week.

“(b) For any period of time exceeding three years, the sum of two dollars and fifty cents per week.

“2. The charge hereby established shall include food, clothing, breakage, and all other charges of any name or nature, and no greater charge shall be made under any circumstances whatsoever.

“3. This order shall be in full force and effect on and after October 1, 1890, and shall apply to all patients in custody on that date.”

METHODS OF SUPPORT.

Nearly all the insane of the United States who receive hospital care and treatment are maintained in institutions owned and controlled by the several States. The method of support varies. In some States the entire cost of maintenance is defrayed from the

State treasury. In others the officers in charge of the hospitals are authorised to collect moneys for the support of patients from the towns, in case the patients are not pecuniarily able to pay, or, if they are able, from the patients themselves, or their estates. In some States the cost of maintenance of those unable to pay is defrayed in part from the State treasury, and is borne in part by the counties or towns from which such patients are committed. But the general policy of the State governments towards the insane is one of great liberality. There are a few institutions for the insane of a corporate character, which have been created, endowed, and maintained by private benevolence. There are also a good many private institutions for the insane, which are purely private property, but these are for the most part of a very limited capacity.

AMERICAN ASYLUM ATTENDANTS.

In all institutions for the insane the rule is to have male attendants for the male patients and female attendants for the female patients, but here and there, in isolated instances, a man and his wife have been placed in charge of a male ward. There are several insane hospitals which have organised special training schools for the attendants employed in them, and this practice has met with approval in the States, and is gaining in favour by degrees.





CHAPTER XIV.

LUNACY LEGISLATION.



HISTORY of the legislation with regard to lunatics and lunatic asylums would be altogether beyond the scope of this work. The utmost that can be attempted here is a short and concise statement of the law at present in force in each civilised country, leaving it to the student of legal history to trace for himself the many and tedious steps by which that law has arrived at its present state.

A comparison of the following statements relating to this matter will, we think, show conclusively that England can claim with some degree of pride, to be placed in the front rank of those few countries who have hitherto attempted to deal with this subject in anything approaching a complete and exhaustive manner.

But France, however, and Germany also, have neither of them allowed so important a matter to remain unprovided for, and the laws in each of those countries, though falling short of the perfection attained by that of England, really leave very little to be desired.

ENGLAND.

The law at present in force with regard to the placing of lunatics under restraint, and their treatment afterwards, is embodied in the Lunacy Act of 1890, the Idiots Act of 1886, and the various Acts dealing with criminal lunatics. A *résumé* of those Acts is given below, under the heads of: 1. Private patients; 2. Voluntary boarders; 3. Lunatics, so found by inquisition; 4. Paupers (*a*) in asylums, (*b*) in workhouses; 5. Idiots; and

6. Criminal lunatics. The main features of the law relating to licensed houses, hospitals, single patients and county or borough asylums, and the penalties enforceable in connection therewith are also given.

THE LUNACY ACT, 1890.

Private Patients.

With certain exceptions, unless under a reception order made by the judicial authority, no person, not being a pauper or a lunatic by inquisition, can be received into an institution for lunatics, or as a single patient.

This order cannot be made by a relative of the person applying for the order, nor of the lunatic, nor of the husband or wife of the lunatic.

A judicial authority is a justice of the peace specially appointed for this purpose, or a county court judge, or a magistrate, each of whom must have jurisdiction in the place where the lunatic is. (Sec. 9.)

The names of the justices appointed are published by the clerk of the peace, or the clerk to the justices. (Sec. 10.)

To obtain an order, private application to a judicial authority must be made by petition, accompanied by a statement of particulars, and by two medical certificates on separate sheets of paper. (Sec. 4.)

The petitioner, who must be at least twenty-one years of age, and must have seen the patient personally within fourteen days before presenting the petition, should, if possible, be the husband, or wife, or relative of the patient. If the petition is not so presented it must contain a statement of the connexion of the petitioner with the alleged lunatic, and of the circumstances under which the petition is presented. The petitioner must also undertake to visit the patient, either personally or by deputy, once, at least, in every six months. The petition must be signed by the petitioner, and the statement of particulars by the person making the same. (Sec. 5.)

Each medical certificate must be signed by a medical practitioner (sec. 28). If possible, one of the certificates should be by the regular medical attendant. If not, the reason why not must be stated by the practitioner in writing to the judicial authority (sec. 31). The medical man must state the facts upon which he has formed his opinion, and must distinguish between those observed

by himself and those communicated to him by others. No order can be made unless facts observed by the medical man himself are given (sec. 28). The patient must be examined by each certifier separately, not more than seven clear days before the presentation of the petition, and in other cases within seven clear days before the date of the order (sec. 29).

The medical practitioner signing the certificate (sec. 29) must not be the petitioner, nor stand in any of the following relationships to him, viz.:—husband or wife; father or father-in-law; mother or mother-in-law; son or son-in-law; daughter or daughter-in-law; brother or brother-in-law; sister or sister-in-law; nor partner nor assistant (sec. 30).

A patient cannot be received into any institution for lunatics, nor as a single patient, if any certificate accompanying the reception order has been signed by any of the following persons:—

- (a) the manager of the institution or the person who is to have charge of the single patient:
- (b) any person interested in the payments on account of the patient:
- (c) any regular medical attendant in the institution:
- (d) the husband or wife, father or father-in-law, mother or mother-in-law, son or son-in-law, daughter or daughter-in-law, brother or brother-in-law, sister or sister-in-law, or the partner or assistant of any of the foregoing persons (sec. 32).

No person shall be received as a lunatic into a hospital under an order made on the application of, or under a certificate signed by, a member of the managing committee of the hospital (sec. 32). A medical practitioner who is a commissioner or a visitor cannot sign any certificate for the reception of a patient into a hospital or licensed house unless he is specially directed to visit him by a judicial authority, or by the Lord Chancellor, or the Secretary of State, or a committee appointed by the Judge in Lunacy (sec. 33).

The judicial authority, after considering the petition, statement, and medical certificates, will then decide whether he may make the order forthwith, or whether it is necessary for him to visit the patient personally, or if not satisfied, he may appoint a time within seven days after presentation of the petition for its consideration, and he may also, if he thinks fit, make further enquiries.

The consideration will take place in private. No one, except

the petitioner, the alleged lunatic (unless the judicial authority order otherwise), any one person appointed by the lunatic, and the persons who signed the medical certificates, shall, without leave, be present. The enquiry may be adjourned for any period not exceeding fourteen days, and any person may be summoned to give evidence or information. All those present, except the lunatic and his friend, are bound to secrecy, unless required to divulge by lawful authority.

If the petition is dismissed, the judicial authority will give to the petitioner, and will also forward to the Commissioners in Lunacy, his reasons for so doing. He will also, if the alleged lunatic is detained under an urgency order, send notice to the person in whose charge he is, that the petition has been dismissed. The patient must then be discharged (sec. 7).

The Commissioners can claim any information from a judicial authority concerning the making or the refusing an order, and they may, when the petition is dismissed, or the alleged lunatic is released, communicate it to him or to any person.

If a new petition is presented, the petitioner must relate all the facts about the former one and its dismissal, and must, at his own expense, obtain from the Commissioners and present with the new petition a copy of the statement sent to them of the reasons why the former application was refused. To omit this is to be guilty of a misdemeanour (sec. 7). If a patient be sent to an asylum without a statement that he has been seen by the judicial authority who made the order, he has the right to claim to be examined by another judicial authority, unless the medical person in charge of him shall certify to the Commissioners within twenty-four hours after reception that it would be prejudicial to the patient. Notice of this right must be given to the patient by the medical person, if no such certificate is sent (sec. 8). If, however, it is necessary for the safety of the patient or the public that the alleged lunatic should be at once put under care and treatment, an urgency order may be made (sec. 11). This, if possible, should be made by the husband or wife, or a relative of the patient, accompanied by one medical certificate, which must contain a statement that it is expedient that the patient be put under care and treatment (sec. 28). If the order is not signed by a husband or wife, or relative, the reasons why it is not so signed must be stated. The person making the order must be at least twenty-one years of age, and have seen the patient within two days of its date. This order may be

made while a petition is pending, or before it is made. If before, it must be referred to in the petition ; if after, a copy of it must be sent by the petitioner to the judicial authority. This urgency order will remain in force for seven days from its date, or while a petition is pending (sec. 11). A statement of particulars (sec. 11) must be attached to it, and the certifying medical man must have made his examination not more than two clear days before the lunatic's reception into the asylum (sec. 29).

A reception order, when made, along with the petition, statement of particulars, and certificates, must be delivered to the manager of the institution to which the lunatic is going, or to the person by whom he is to be received if a single patient. This order, if it appears to be in conformity with the Act, is sufficient authority to convey the lunatic to an asylum, and for his reception there (sec. 35). The Commissioners in their circular state, however, that the person receiving the patient must see that the petition, statement of particulars, and medical certificates are in order.

A reception order ceases to be of any force if not acted upon before the expiration of seven clear days from its date (sec. 36).

Within one clear day after reception, notice of the patient's admission, together with a copy of the documents on which he was admitted, must be sent to the Commissioners. If, after reception, an order or certificate is found to be defective, it may, within fourteen days, be amended by the person making it. The amendment, however, must receive the sanction of the Commissioners and of the judicial authority by whom the order for reception was made. If an amendment, when directed to be made, is not effected within fourteen days, any two commissioners may order the patient's discharge. Every amendment will take effect as if it had been there when the document was signed (sec. 34).

After two clear days and before seven clear days from admission, a medical statement of the mental and bodily condition of the patient shall be sent to the Commissioners. If the patient is in a licensed house, a copy must also be sent to the clerk to the visitors. If it is a single patient, in addition to the medical statement the Christian name and surname and occupation of the occupier of the house, and of the person who has charge of the lunatic, must be given. In this latter case the medical certificate must come from the medical man who visits the patient.

At the expiration of one month after reception, a further report of the mental and bodily condition of the patient must be sent to

the Commissioners, and if in a licensed house to the clerk to the visitors. After this report is received by the Commissioners they will, if the patient is in a house within their immediate jurisdiction, visit him and report to their Board whether his detention is or is not proper (sec. 39). If in a house licensed by justices, the visitors, after receiving the report, will make arrangements for their medical visitor to visit the patient, and if there are any doubts as to the propriety of his detention, a report to that effect will be sent to the Commissioners, who will make further inquiries as to whether he should be discharged or not. If a single patient, he will be visited by one of the Commissioners or a medical visitor appointed by them, who will report (sec. 39).

If the patient is in an asylum or hospital the Commissioners will either send one or more of their body to visit, or they will send a copy of the report to the clerk to the visiting committee of the asylum, or the managing committee of the hospital. One or more members of the committee will visit him and report to their body whether his detention is proper. The committee, or any three of them, may discharge him or give any directions about him that they think fit (sec. 39).

The Commissioners may, in any case where they determine the patient should be discharged, make an order to that effect (sec. 39).

If no order for his discharge is made, the original reception order will continue in force for one year after its date. The medical officer of the institution in which the patient is, or his medical attendant if he is a single patient, must then send to the Commissioners a special report and a certificate that he is still of unsound mind and a proper person to be detained under care and treatment, and any further information that the Commissioners require must be given. This process must be repeated at the end of a further period of two years ; then at the end of another of three years ; and after that at the end of successive periods of five years. If the Commissioners consider that the report does not justify the detention, then, if he is in a hospital or licensed house, or is a private patient, they can make further enquiries, and if dissatisfied, order his discharge. If he is in an asylum they will send a copy of the report to the clerk of the visiting committee. The committee, or any three of them, will investigate the matter and discharge the patient, or give such directions about him as they think fit

sec. 38

Regulations are made with regard to letters written by lunatics. Any addressed to the following persons must be forwarded unopened—viz., to the Lord Chancellor, or any Judge in Lunacy, to a Secretary of State, to the Commissioners or any Commissioner, or to the person who signed the order for the patient's reception, or to the petitioner, or to the Chancery Visitors, or any Chancery Visitor, to any other visitors or visitor, or to the visiting committee of the institution or any member of it (sec. 41). The forwarding of letters written by private patients to other persons than those mentioned above is left to the discretion of the manager of the institution. Notices must be posted up whenever there are private patients, setting forth their rights to have letters forwarded and to request a personal and private interview with a visiting Commissioner or visitor at any visit made to the institution (sec. 42). A Commissioner, with regard to any patient, or any one of the visitors of a licensed house, with regard to a patient in that house, may give an order for a relation or friend, or for a medical man or any one whom any relation or friend wishes, to be admitted to see the patient. This order may be for one admission or for any number, and may be with or without any restriction with regard to the presence of an attendant (sec. 47). The Commissioners may, if satisfied by any person that they ought to do so, order two medical practitioners to examine any lunatic, and if, after two separate examinations, with at least seven days intervening between the first and second examination, these gentlemen certify that in their opinion the patient may, without risk to himself or the public, be set at liberty, the Commissioners may order him to be discharged (sec. 49).

No mechanical means of restraint must be used unless necessary for surgical or medical purposes, or to prevent the lunatic from injuring himself or others. If restraint is applied a medical certificate must be given describing the means used and the reason why employed. A record of the restraint must be kept from day to day and a copy of the records and certificates must be sent quarterly to the Commissioners. Any wilful contravention of this section is a misdemeanour (sec. 40).

The Commissioners may make inquiries with regard to the property of any lunatic or they may represent to the Lord Chancellor that such inquiry should be made. The latter will then, through the Masters in Lunacy, require the person who signed the petition on which the patient's reception order was made out, or

the person paying for the maintenance of the patient, or the person having management of his property, to give an account of the property and its application (sec. 50).

The Commissioners may appoint a substitute for the person who applied for the reception order and that substitute will have all the powers and be subject to all the obligations of the original petitioner (sec. 48).

Provisions are made for allowing a patient to be sent away for the benefit of his health, or to be out on trial, or to be absent on leave for a short period (sec. 55). Persons having charge of a single patient may change their residence but must give previous notice to the Commissioners and the petitioner (sec. 56).

Upon the recovery of a patient, notice thereof must be sent to the person who presented the petition for his reception order, or to the person who made the last payment on his account, and if not removed within seven days he will be discharged (sec. 83). A patient will be discharged if the person who signed the petition or made the last payment so directs in writing. Provision is made as to who shall give such direction should the person having this power be dead or incapable (sec. 72).

If the medical person in charge of the patient, however, certifies that he is dangerous and unfit to be at large, he will not be discharged unless two Commissioners or two visitors of the house after seeing this certificate, so direct. In the case of a single patient the consent of one Commissioner is sufficient (sec. 74). The person having the authority to direct a patient's discharge may, with the consent of a Commissioner, order that patient's removal to any other institution for lunatics, or into the charge of any person named in the order (sec. 58). Two Commissioners have power to order the removal of a patient from one institution to another; or from the care of one person into that of another (sec. 59). Two Commissioners, one of whom is a medical and the other a legal Commissioner, may order the discharge of a single patient, or of a patient in a hospital or licensed house, within seven days after visiting him (sec. 75). Notice must by them be given to the manager of the institution, or to the person in charge if a single patient, and to the petitioner or person making the last payment on account of the patient (sec. 76).

Two visitors to a licensed house, one of whom is a medical practitioner, may, after two visits at an interval of seven days at least, make an order for a patient's discharge (sec. 78). Seven

days' notice of the second visit must be given to the manager of the house and to the petitioner, or the person who made the last payment. The medical officer of the institution may tender himself for examination as to the patient's fitness for discharge. If he thinks the patient unfit to be discharged he will furnish the visitors with a statement of his reasons for that opinion, and, if the patient is discharged, this statement will be sent by the visitors to the clerk to the visitors (sec. 78).

Any three visitors of an asylum may order the discharge of a person detained therein whether he be recovered or not, and any two, with the advice in writing of the medical officer, may exercise similar powers (sec. 77).

If a person who has been discharged considers that he was unjustly confined as a lunatic, he can obtain from the Secretary to the Commissioners a copy of the reception order, and certificate or certificates, or other documents upon which the order for his reception was made (sec. 82). A person shall not be liable to any civil or criminal proceedings for anything done in pursuance of this Act, if he has acted in good faith and with reasonable care (sec. 330).

Voluntary Boarders.

These may be received into a licensed house if the consent of the Commissioners, or, if the house is licensed by justices, that of two of them is obtained. This consent will only be given on the application of the intending boarder himself; and he can only be detained for the time specified in the consent. At the expiration of that time he must be discharged. Any relative or friend of a patient may be boarded on these conditions; but the total number in the house, lunatics and boarders, must not exceed that for which the house is licensed, and each boarder must be produced (if required) to the Commissioners and visitors on their visits.

The boarder may leave the house any time after giving twenty-four hours' notice of his intention so to do. If detained after that notice, he can recover ten pounds damages for every day, or part of a day, he is detained.

County asylums have, under the Act, no power to receive boarders (sec. 229).

Judicial Inquisition as to Lunacy.

Upon application a Judge in Lunacy may order an inquisition

as to whether a person is of unsound mind, and incapable of managing himself and his affairs (sec. 90). A report from the Commissioners, that the property of any lunatic is not duly protected, or is misapplied, will be considered an application (sec. 100). If within the jurisdiction, notice of the application must be given to the lunatic, who may demand a jury (sec. 100); and this he shall have, unless the Judge is satisfied, after a personal examination, that he is not mentally competent to make such a demand (sec. 91). If he is not within the jurisdiction, no notice need be given him, and the inquiry must be before a jury (sec. 96).

When no jury is required, the Masters will, by themselves, examine the lunatic, take evidence, and certify (sec. 92). Even where no jury is directed by the Judge, the Masters may, after considering the evidence, certify that it is expedient to have one, and proceed to make the inquiry with one (sec. 93).

Inquiries before a jury may be directed by the Judge to be made by means of an issue before the High Court (sec. 94).

A certificate from a Master has the same effect as an inquisition taken on the oath of a jury, which must consist of twelve men at least (secs. 95 and 97).

A lunatic so found by inquisition may be received in an institution for lunatics, or as a single patient, upon an order signed by the committee of the person of the lunatic; or upon an order signed by a Master in Lunacy, if there is no committee. In the former case, there must be annexed an office copy of the order appointing the committee (sec. 12). The medical reports must be sent to the Masters in Lunacy.

Every patient so found by inquisition must be visited by one of the Chancery Visitors at least twice in every year; and if in a private house he must, for the first two years after the inquisition, be visited at least four times in every year. Such patients are under the Chancery Visitors, and not the Commissioners in Lunacy (sec. 183).

Pauper Lunatics

A lunatic admitted under the order necessary for a private patient may, without any fresh certificates, or order, be transferred to the pauper class, and *vice versa*. A person cannot be sent to an asylum as a pauper, unless the justice is satisfied that he is either in receipt of relief, or in such circumstances as to require

relief for his proper care. A person is considered in receipt of relief if visited by the medical officer of the union at the expense of the union.

If the justice, as it appears by his order, is satisfied that the lunatic is a pauper, he will be chargeable to the union, county, or borough properly liable for his relief (secs. 18 and 286).

The orders for pauper lunatics are called "summary reception orders", to distinguish them from the reception orders on petition and the urgency orders of private patients. Subject to certain restrictions, every summary reception order, and every reception order made by Commissioners, will authorise the reception of a lunatic into any institution for lunatics (sec. 27).

The restrictions are that no lunatic shall be sent to an asylum outside of the county or borough in which the place from which he is sent is situate, unless there is no such asylum, or there is no room, or there are special circumstances on account of which the lunatic cannot conveniently be taken to such asylum. In such a case the fact that there is no room, or that there are special circumstances, must be stated in the order. A pauper lunatic cannot be received into an asylum other than that belonging to his own county, borough, or parish, unless there is a subsisting contract for the reception of lunatics from that county or borough, or the borough contributes to the asylum into which the pauper is to be received, without the order being endorsed by a visitor of that asylum. The manager of a hospital, or licensed house, shall not be bound to receive any lunatic under any such order, except in pursuance of a subsisting contract.

The course to be pursued in the making of a summary reception order is as follows. If a constable, relieving officer, or overseer, knows that any person in his district who—not being a pauper, and not wandering at large—is deemed a lunatic, and is not under proper care or control, or is cruelly treated or neglected by a relative, or the person who has charge of him, he shall, within three days after obtaining such knowledge, give information, upon oath, to a justice being a judicial authority. Any such justice who has received such information upon oath, from any person whomsoever, that there is such a case within his jurisdiction, may, if he pleases, visit the alleged lunatic himself; but he must, whether doing so or not, order two medical practitioners to examine him and certify as to his mental condition. The justice shall proceed in the same manner, and have the same powers, as if a petition had been pre-

sented by the person swearing the information. If satisfied that he is a lunatic, and in the condition sworn to, the justice may order him to be sent to any institution for lunatics to which, if a pauper, he might be sent. The relieving officer, constable, or overseer, who swore the information, or any constable whom the justice may require to do so, shall carry out the order (sec. 13).

With regard to the pauper lunatic proper, the procedure is simpler (secs. 14—19). Every medical officer of a union who knows that there is a pauper lunatic in his district must, within three days after gaining such knowledge, give information, in writing, to the relieving officer of the district, or, in his absence, to the overseer. This official, when he hears, either from the medical officer, or otherwise, that there is a pauper lunatic in his district, must, within three days after gaining such knowledge, give information to a justice having jurisdiction in the place where the pauper resides. The justice, on receiving such notice, shall order the relieving officer or overseer giving it, to bring the alleged lunatic before him or another justice having jurisdiction, within three days after the notice to the justice; the time and place to be named in the order.

Every constable, relieving officer, or overseer, who has knowledge that any person (whether a pauper or not) is a supposed lunatic wandering at large within his district, shall immediately apprehend him and take him, or cause him to be apprehended and taken, before a justice. Any justice, also, upon the sworn information of anyone that a person wandering at large is supposed to be a lunatic, may order a constable, relieving officer, or overseer to apprehend him, and bring him before the justice making the order, or any other justice having jurisdiction where the alleged lunatic is.

In each of these cases the justice shall call in a medical practitioner, and shall examine the alleged lunatic himself. He has power to examine an alleged lunatic either at his own home or elsewhere. If satisfied himself that the pauper is a lunatic, and the medical practitioner signs a certificate to that effect, the justice may order the lunatic to be sent to an institution for lunatics, and may order the relieving officer, overseer, or constable, who brought the patient before him, to carry out the removal. In the case of one wandering at large, he may order any constable to remove him to the asylum.

If, however, the justice sees any reason why this order should not be immediately acted upon, he may suspend its execution for

fourteen days, and give directions for the care of the lunatic in the meantime. If a medical man examines a lunatic, as to whom a summary reception order has been made, and certifies that he is unfit to be removed, the removal shall be suspended until the same, or another medical man, certifies that he is in a fit state. If a medical man has certified that he is unfit to be removed, he must, as soon as he is fit, certify accordingly.

In an urgent case, a lunatic may, without a justice's order, be removed to a workhouse, and if there is proper accommodation, be detained there for three days. A justice may order the removal of a lunatic to a workhouse, either in a case where a summary reception order might be made, or where one has been made, pending the removal to the asylum. This order can only authorise the detention in the workhouse for fourteen days. After that period the detention is only lawful if in accordance with the provisions mentioned below, under "Lunatics in Workhouses".

Any two Commissioners may visit a pauper lunatic not in an institution for lunatics, or workhouse, and may call in a medical practitioner. If the latter signs a certificate, the Commissioners may order the lunatic's removal to an institution for lunatics, and the relieving officer, or any constable, may be required by them to carry out the removal (secs. 20, 21, and 23).

A summary reception order ceases to be of any force if not acted upon within seven clear days from its date, unless—

(1) the execution has been suspended, or the lunatic has been temporarily taken to a workhouse, in which case he may be removed within fourteen days from the date of the reception order; or the removal has been suspended because (2) the lunatic was certified to be unfit to be removed, in which case he may be received into an asylum within three days after the date of a medical certificate that he is in a fit state for removal (sec. 36).

Even if a summary order has been made, the relations or friends may still claim to take charge of the lunatic if a justice, having jurisdiction to make the order, or the visitors of the asylum in which the lunatic is or is intended to be, are satisfied that the friends are able to take proper care of the lunatic.

After the second, and before the end of the seventh day after admission, notice of the fact, and also a copy of the reception order and medical certificate, must be sent to the Commissioners. After the second, and before the seventh day after admission, a report of the mental and bodily condition must also be sent. As

in the case of a private patient, the reception order remains in force only for one year from its date, and must be renewed in a similar manner. If a patient is removed from one institution to another he is now deemed to be detained under the original order, and not under the transfer order (secs. 37 and 38).

Temporary leave of absence from an asylum may be granted, and a patient may be allowed out on trial. In the latter case, the visitors have the power to make an allowance to him, not exceeding the charge in the asylum, and that allowance, and no more, will be paid for him as if he were in the asylum (sec. 55). When any relative or friend of a pauper lunatic makes application to the visiting committee of the asylum in which he is confined to have him given over to their care, the visiting committee may, if satisfied that the guardians approve of the application, and that the lunatic will be taken care of, order him to be delivered over. If the proposed residence is outside the limits of the union or local authority liable for the maintenance of the patient, then the approval of a justice having jurisdiction where the patient is to be boarded must also be obtained. If this is done, the guardians or local authority will pay, to the person taking charge of the lunatic, such sum not exceeding the charge in the asylum as the authority on the recommendation of the visiting committee thinks proper. A lunatic thus boarded out is still to be considered a lunatic maintained in an asylum, and any two members of the visiting committee may at any time order his removal back to it. While thus boarded out he must be visited quarterly by the medical officer of the union or district in which he is residing, and the medical officer must send a report within three days after each quarterly visit, stating whether in his opinion the lunatic is properly cared for, and is fit to remain out of an asylum (secs. 57, 63, 202).

Any two visitors of an asylum may order a pauper lunatic, if legally entitled to be put into that asylum, to be removed to it from any other institution for lunatics. They have also power to order the removal of a pauper lunatic in their asylum to some other institution for lunatics (sec. 65). The consent of two Commissioners is requisite however in every case, except where the removal is to—

- (1) an asylum belonging wholly, or in part, to the county within which the asylum from which the lunatic is removed is situate, or to the county in some parish of which the lunatic has been adjudged to be settled ;

- (2) a hospital or licensed house within such county ;
- (3) an institution for lunatics into which the patient can be received under a subsisting contract.

The removal cannot take place unless the medical officer of the institution in which the lunatic is, certifies that he is fit to be removed (sec. 67).

If a pauper patient is confined in a hospital or licensed house the authority liable for his maintenance may make an order for his removal, or his discharge (sec. 61). In the latter case, however, if the medical officer of the house certifies that the patient is dangerous, and unfit to be at large, he cannot be discharged, unless the visitors of the house or the Commissioners visiting the hospital or house, after seeing the certificate, consent to the discharge (secs. 73 and 74).

A pauper patient may be discharged from a hospital or licensed house (sec. 75 and 76) by order of two Commissioners, who must give notice of such order to the authority liable for his maintenance. Two visitors of a licensed house have similar powers with regard to the discharge of a pauper patient to those they have in the case of a private one (sec. 78). Three visitors of an asylum may discharge a patient, whether he is recovered or not, and two with the advice in writing of the medical officer can exercise the same power (sec. 77). Any two visitors of an asylum may discharge a pauper lunatic upon the undertaking of a relative or friend, to their satisfaction, that the patient will be taken care of, and prevented from doing injury to himself and others, and will not be chargeable to any union, county or borough (sec. 79). The consent of the guardians is generally asked to this, and also their opinion whether the relative or friend is able to carry out the undertaking (sec. 57). When a patient is discharged notice may be sent to the relieving officer of the union to which the lunatic is chargeable, or to the clerk of the local authority liable for his maintenance. On receipt of this notice, steps must be taken to remove the lunatic to his proper workhouse (sec. 80). If a pauper is recovered, notice must be sent that unless he is removed in seven days he will be discharged ; if not removed he must be set at liberty (sec. 83).

Pauper lunatics chargeable to a union may be visited and examined by the guardians of that union, and by a medical practitioner appointed by them, whenever they see fit, between

8 A.M. and 6 P.M., unless the medical officer of the institution delivers to the person intending to make the visit a statement why the visit would be injurious to the patient. This statement must be signed, and a copy of it entered in the medical journal (sec. 201).

Lunatics of a county borough, or other borough, placed in a county asylum under contract must be visited at least once in every six months by two members of the visiting committee of the borough (sec. 189.)

Lunatics in Workhouses.

Lunatics may, without a justice's order, be received temporarily into a workhouse (secs. 20 and 341). Thus, in an urgent case, a constable, relieving officer, or overseer may, for the welfare of a patient or the public safety, remove a lunatic to a workhouse, and if there is sufficient accommodation, the master must receive him. The patient cannot be detained for longer than three days under these circumstances.

A justice may order the temporary removal of a pauper lunatic, if necessary, to the workhouse, and under this order he can be detained fourteen days. This can be done in any case in which a summary reception order could be made, if it is necessary to place the lunatic under immediate care and control; also in a case in which a summary order has been made, and it is necessary to provide for a lunatic's detention until he can be removed to an asylum.

Except in the cases mentioned by the Act, no insane person can be allowed to remain in a workhouse unless the medical officer certifies:—

- (a) that such person is a lunatic, with the grounds for his opinion;
- (b) that he is a proper person to be allowed to remain in a workhouse as a lunatic;
- (c) that the accommodation in the workhouse is sufficient for his proper care and treatment separate from the other inmates not lunatics, unless the medical officer certifies that the lunatic's condition is such that he need not be kept separate (sec. 24).

A certificate in these terms will justify a lunatic's detention for

fourteen days, but after the expiration of that period it is not lawful to detain him against his will, nor to allow him to remain without an order from a justice having jurisdiction in the place where the workhouse is situate.

To obtain this order a relieving officer of the union to which the workhouse belongs must apply to the justice. This application must be supported by a medical certificate from a medical practitioner not an officer of the workhouse, and by the certificate of the medical officer to that institution.

If the medical officer does not sign the necessary certificate, or if, after it has been signed at the end of the fourteen days an order from a justice has not been obtained, or if even such an order has been obtained, and the lunatic ceases to be a proper person to be detained in a workhouse, notice must be given in writing by the medical officer to a relieving officer of the union that a pauper is a lunatic, and a fit person to be sent to an asylum. The proper proceedings for sending a pauper deemed to be a lunatic to an asylum must then be carried out, and pending such proceedings the lunatic may be detained in the workhouse.

As regards paupers in workhouses at the date of the new Act coming into force, and concerning whom a certificate has been signed under section 20 of the Lunacy Acts Amendment Act, 1862, no certificate or order of a justice will be required (sec. 24).

If a lunatic is discharged from an asylum and the medical officer of that asylum certifies that he is not recovered, and is a proper person to be kept in a workhouse, he may be detained in such an institution if the medical officer of it certifies that the accommodation is sufficient for the lunatic's proper care separate from the other inmates, or that it is not necessary that he should be kept separate.

Chronic lunatics, not dangerous, who have been certified as fit for a workhouse may, if the Local Government Board and the Commissioners consent, and subject to such regulations as they prescribe, by arrangement with the guardians be received in a workhouse. These, however, still continue on the books of the asylum (secs. 25 and 26).

There are similar regulations with regard to restraint being used in workhouses to those in asylums (secs. 40, 54, 60, 62, 81, 202, 203). The clerk to the guardians must send a copy of the record of restraint, and the certificates concerning it, to the Commissioners at the end of every quarter. A book must be kept in

which the visiting guardians must, at least once a quarter, enter observations as to the diet, accommodation, and treatment of the lunatics in the house. This book must be shown to the Commissioners on their visits.

If it appears to two or more Commissioners that any lunatic in a workhouse is not a fit person to be detained there, they may make an order for his removal to an asylum, and such order shall have the same effect as a summary reception order. An appeal to a Secretary of State against this order is permitted, but his decision is conclusive.

The guardians of the union to which a workhouse belongs may make an order for the removal or discharge of any lunatic detained therein.

Every pauper lunatic not in an institution for lunatics must be visited once a quarter,—if not in the workhouse, by the medical officer of the union or district; if in the workhouse, by its medical officer.

Returns of pauper lunatics not in an institution for lunatics must be made.

Any Commissioner has power to enter a workhouse where a lunatic is, or is alleged to be, and make inquiries as to dietary, accommodation, and treatment.

Licensed Houses and Hospitals.

The Commissioners in Lunacy have the power of dealing with licenses within their immediate jurisdiction (sec. 208 and schedule iii). The places within their jurisdiction are the cities of London and Westminster, the counties of London and Middlesex and the following parishes and places:—Barnes, Kew Green, Mortlake, Merton, Mitcham, and Wimbledon, in the county of Surrey; Southend, in the county of Kent; East Ham, Leyton, Leytonstone, Low Leyton, Plaistow, West Ham, and Walthamstow, in the county of Essex; and also every other place within the distance of seven miles from any part of the cities of London or Westminster, or of the borough of Southwark. In all places outside of these limits the justices in quarter or special sessions have similar powers to the Commissioners. No person acting, however, must have been for one year previously interested in a licensed house.

No new licenses will now be granted, but any existing one can be renewed or transferred. Joint licensees may set up separate

establishments, but the aggregate number of their patients must not exceed that specified in the original license (secs. 207, 211, 221, 226, 228, 230, 231, 234, 237).

Before a license can be transferred to new premises they must have been inspected and reported upon by the Commissioners and the licensee must undertake to reside in the house. The Lord Chancellor can revoke a license or prohibit its renewal.

A medical man must reside in every house licensed for 100 patients, and provision is made for medical visitation should the number be smaller. The Commissioners have power to make regulations for the government of licensed houses.

Every hospital must have a medical officer resident as superintendent. The Commissioners must inspect and approve of the premises before a place can be registered as a hospital, and the regulations for its management must be approved of by a Secretary of State; the Commissioners have power to enforce the carrying out of these regulations. The accounts of a hospital not subject to the Charity Commissioners must be audited and printed.

A hospital or licensed house may be visited any time, day or night, by a Commissioner (secs. 191, 193, 194). Within the immediate jurisdiction of the Board every licensed house must be visited six times a year—four times by not less than two Commissioners and twice by one or more, unless the Lord Chancellor direct differently. If the house is not within the direct jurisdiction, two visits yearly must be paid by two Commissioners. Every hospital must be visited once a year by two Commissioners.

Every licensed house within the jurisdiction of visitors appointed by justices may be visited at any time by day or night. It must be visited four times a year by not less than two of the visitors, one of whom must be a medical practitioner, and twice a year by one or more visitors.

The Commissioners and visitors have power to inspect every part of the building where patients are received, to see every patient, examine the books of the institution, and make any enquiries concerning diet and management they think proper.

Single Patients.

Not more than one lunatic can be kept in an unlicensed house unless the Commissioners are satisfied that it is for the interest of the patient that another or more than one other should reside in

the same house. If any others are received it must be on the same terms as if each were a single patient. The Commissioners can make direction as to how often medical visits should be paid to a single patient, and have power to change the medical attendant. The latter may at any time be required to furnish a report of the patient's condition in addition to the ordinary reports required.

Every single patient must be visited annually by one or more Commissioners, who may enquire into and report upon the patient's condition and the moneys paid on his account. The visiting Commissioner has power to visit any part of the house or grounds. Powers with regard to visiting and reporting upon single patients may be exercised by borough or county visitors if requested so to do by the Commissioners (secs. 44-46, 198-200).

If it comes to the knowledge of the Commissioners that any person without an order or certificate is detained as a lunatic without payment, or in any charitable, religious, or other establishment (not being an institution for lunatics), they may require a report, or periodical report, by a medical man, as to the lunatic's mental and bodily condition. They may also ask for such particulars as to him and his property that they think fit. In such a case the Commissioners may visit and exercise all the powers (except that of discharge) they have as to persons confined in an institution for lunatics, or as a single patient. If the Commissioners think it necessary, they may communicate the result of any enquiries to the Lord Chancellor, who may order his discharge from the custody in which he is, or may direct his removal to an institution for lunatics or elsewhere. Provisions are made for the payment of expenses incurred in such a process, and for the patient's subsequent maintenance (sec. 206).

County and Borough Asylums.

Every local authority, as defined by the Lunacy Act, 1890, must provide accommodation for its pauper lunatics, either by maintaining an asylum alone or by uniting with other local authorities. This asylum will be managed by a visiting committee of not less than seven members appointed by the local authority (secs. 109, 238, 242).

The visiting committee of an asylum may by contract receive pauper lunatics from other counties or boroughs, but in every case

the contract must be approved of by a Secretary of State, and may be determined by him. Private patients may be received into any asylum upon such terms as the visiting committee think fit, but all enactments as to the reception of such cases into hospitals or licensed houses shall be applicable to them. Profits arising from the maintenance of private patients, after carrying such sums to the building and repair funds, and defraying such expenses as the committee think proper, must be handed over to the local authorities and applied as part of the borough or county fund (secs. 269, 271). The visiting committee can make general rules for the management of the asylum, subject to the approval of a Secretary of State. They will fix a weekly sum to be paid for the care and maintenance of the inmates, and if there is more than one asylum under the control of a committee, they may fix a uniform rate for the various asylums. Any surplus from one may be applied to meet the deficit from another (secs. 275, 283, 284).

Each asylum must be visited at least once a year by two Commissioners, one being a medical practitioner and the other a barrister, who shall make enquiries as to whether the law has been carried out as to the construction of the building, visitation, management, regularity of admission and discharge of patients. They will also enquire into the diet, treatment, etc., of the inmates (secs. 187-190, 278).

At least two members of the visiting committee must, at least once in every two months, pay a visit to every part of the asylum, and see every patient, so as to give everyone, as far as possible, an opportunity for complaint. They will also examine certificates and books. Patients under contract must be visited every six months by at least two members of the visiting committee of the borough to which they belong.

The visiting committee will make a yearly report upon the state of the asylum and its management. The accounts of the asylum must be audited by a Local Government Board official.

Penalties (secs. 7, 8, 38, 40, 76, 195, 197, 222, 231, 237, 315, 318, 322).

Under this Act a person is guilty of a misdemeanour who:—

- (1) Makes wilful and material misstatements in the petition, statement of particulars, reception order, medical or other certificate.

- 2 Omits to state the facts of a dismissed petition in a new petition for a reception order.
- (3) Neglects to send the information and notices as to admission, removal, or discharge.
- (4) Neglects to comply with the requirements of the Act in cases where the patient has not been seen by the judicial authority making the reception order.
- (5) Neglects to send copies of the minutes of the Commissioners as to a doubtful patient to the clerk of the visitors.
- (6) Knowingly makes any false entry in any books, statements, or returns requisite under the Act.
- (7) Knowingly detains a patient after the expiration of the reception order, or after the date fixed by the order of discharge, or in the two months next after the expiration or revocation of the license.
- 8 Who retains a patient in a hospital contrary to the provision of the Act, or the certificate of registration.
- (9) Knowingly retains a patient in a part of the hospital not shown on the plan.
- (10) Disobeys the requirements as to mechanical restraint, or refuses or neglects to show any part of the premises, or any patient detained, or makes false answers to a proper authority under the Act.
- (11) Obstructs a Commissioner, or Chancery or other visitor, while visiting any patient confined in any hospital, asylum, or licensed house.
- (12) Wilfully neglects or illtreats any patient.

Money penalties enforceable under this Act can be recovered summarily against those who (1) make default in sending the requisite returns, reports, extracts, copies, statements, notices, plans, or documents; (2) illtreat or wilfully neglect a patient, or neglect any of the provisions of the Act with regard to the letters of a patient; (3) make default with regard to the posting-up of notices and regulations; (4) obstruct any person in the exercise of powers or orders under the Act; (5) infringe their license or permit, or connive at the escape or rescue of a patient; (6) detain a voluntary boarder after he has given twenty-four hours' notice of his wish to leave.

Miscellaneous.

The Act gives a right of action to a person who has been improperly detained as a lunatic, provided such action is commenced within twelve months after release, deals with the escape and recapture of a lunatic, and the removal of alien lunatics to their own countries, and gives ample powers for the administration and management of the property of a lunatic. It also regulates the constitution, meetings, and procedure of the Commissioners, and Chancery and other visitors. Provision is also made for the expenses of pauper lunatics, and the procedure on appeal in questions with regard to them. The schedule to the Act contains all the forms necessary for carrying out the requirements of the Act.

Rules.

Under sec. 338 of the Lunacy Act, 1890, rules as required by the Act may from time to time be made—

1, by the Commissioners, with the approval of the Lord Chancellor, to prescribe the books to be kept, and the persons by whom, the time within which, the manner in which the various kinds of returns, reports, extracts, copies, statements, notices, plans, documents and information are to be made and sent in ;

2, by the Lord Chancellor to carry this or any other Act into effect, to direct how applications in lunacy by petition or otherwise are to be made, and to regulate the costs incidental thereto ;

3, by the Lord Chancellor and a Secretary of State respectively for preventing interference or delay in the exercise of the ordinary jurisdiction of the judges of county courts and magistrates respectively by the transfer of petitions or otherwise.

THE IDIOTS ACT, 1886.

An idiot or imbecile from birth, or from any early age, may, if under age, be placed in a hospital, institution, or licensed house, registered under this Act, for the care, education, and training of idiots or imbeciles upon the written certificate of a duly qualified medical practitioner (sec. 4), accompanied by a statement signed by the parent or guardian, and may, with the consent in writing of the Commissioners in Lunacy, be retained therein after he is of full age (sec. 5).

Under a similar certificate and statement an idiot or imbecile may be also so placed after he is of full age (sec. 5).

The Commissioners may at any time by order direct the discharge of any person of full age (sec. 6, from any hospital, institution, or registered house, and notices of reception, death, or discharge must be given to them (secs. 9, 10, and 12). The Commissioners must also visit and inspect, at least once in every twelve months, every such hospital, institution, and licensed house, and all persons under treatment therein (sec. 12).

The Commissioners are empowered to prescribe the form in which the medical journal of every such hospital, institution, and licensed house shall be kept (sec. 13), and they have power also to order that a duly qualified medical practitioner shall reside therein (sec. 14).

CRIMINAL LUNATICS.

By the Act of 1800 (39 and 40 Geo. III, c. 94, sec. 2) it was enacted that a person indicted for any offence, and found to be insane upon arraignment or trial, should be ordered to be kept in custody until his Majesty's pleasure be known.

By the next Act (1 and 2 Vict., c. 14) power was given to two justices, in the cases of persons apprehended as deranged and intending to commit some crime, to send them to a lunatic asylum, or duly licensed house, and make order for payment of their maintenance upon the authorities legally chargeable therewith.

A prisoner, whether under sentence of death or not, if duly certified to be insane, may, by warrant of the Secretary of State, be removed to an asylum, and be there detained until he ceases to be a criminal lunatic (47 and 48 Vic., c. 64, sec. 2).

The Secretary of State has also the power to appoint the Council of Supervision (23 and 24 Vic., c. 75) and to make rules for the government and management of a criminal lunatic asylum (secs. 4 and 5), which must be visited and inspected at least once a year by two Commissioners in Lunacy (sec. 14).

Any officer or servant of such an asylum who shall illtreat any lunatic in such asylum shall be guilty of a misdemeanour (sec. 13).

Periodical reports of the condition and circumstances of every criminal lunatic, wherever confined, must be sent to the Secretary of State, who may, by warrant, order the transfer or discharge of any such lunatic (47 and 48 Vic., c. 64, secs. 4 and 5).

On the absolute discharge, or expiration of the sentence of penal servitude or imprisonment of a criminal lunatic, he must, if insane, be placed in the charge of some relation or friend, or in some asylum or place for the reception of lunatics; and if insane and a pauper, he may, by a justice's order, be detained in an asylum or place of confinement, subject to the provisions as to the cost of maintaining him therein contained (secs. 3, 6, 7, 8, and 12).

The Secretary of State has power to make, vary, or revoke regulations for the treatment of persons sentenced to penal servitude or imprisonment, who may, from imbecility of mind, be unfit for the ordinary penal discipline; and he may also remit to prison a criminal lunatic (other than a person found to be insane by a special verdict at the time of the act committed or the admission made) if certified to be sane by two duly qualified medical practitioners.

A criminal lunatic can be removed under the Colonial Prisoners Removal Act, 1884 (47 and 48 Vict., c. 31), which authorises the removal of criminal lunatics from any British possession and the United Kingdom, or to any consenting British possession; and a special Act deals with the removal of criminal lunatics from India to the United Kingdom.

SCOTLAND.

The principal statutory provisions dealing with the present administration of lunacy affairs in Scotland are the following:—20 & 21 Vict., c. 71 (Act of 1857); 21 & 22 Vict., c. 89 (Act of 1858); 25 & 26 Vict., c. 54 (Act of 1862); 29 & 30 Vict., c. 51 (Act of 1866); 34 & 35 Vict., c. 55 (Act of 1871); and 50 & 51 Vict., c. 39 (Act of 1887).

The central controlling authority under the statutes is the General Board of Commissioners in Lunacy. Lunatics may be placed under care in district asylums, public or royal asylums, parochial asylums, private asylums, lunatic wards of poor-houses, charitable institutions, or private dwellings. District asylums are asylums which have been erected for the accommodation of pauper lunatics by the districts into which Scotland has been divided for

lunacy purposes. The number of such districts is at present twenty-five. All of them do not possess district asylums; but in every case where a district does not possess an asylum of its own, asylum accommodation for the pauper lunatics of the district has been provided by contract or otherwise.

THE BOARD OF COMMISSIONERS.

The General Board of Commissioners in Lunacy consists of five persons appointed by Her Majesty, of whom one is an unpaid Commissioner and Chairman, two others are unpaid Commissioners, and two are paid Commissioners. It holds two statutory meetings in each year, and holds ordinary meetings bimonthly, or more frequently as occasion arises, and has authority to appoint two or more of its number as a committee for the purposes of the Act 20 & 21 Vict., c. 71, and of the Acts amending that Act. None of these Commissioners may derive any profit or emolument for the discharge of their duties except in so far as is provided in the Acts, nor are they personally responsible for a *bona fide* exercise of their powers.

This General Board has the superintendence and management of all statutory matters relating to lunatics; it may grant or refuse licenses to the proprietors of private asylums, and may make rules for the management of all private and district asylums and the conduct and duties of their staffs; but such rules must be approved by the Secretary for Scotland and submitted to both Houses of Parliament. It may institute inquiries into lunacy matters, and, with the concurrence of the Lord Advocate or the Solicitor-General acting for him, may summon and examine witnesses on oath. Two medical persons appointed by the Secretary for Scotland are Deputy Commissioners. When required to do so by the Board, they may perform any of the duties which a Commissioner is authorised to perform. Their chief duty practically is the visitation of patients in private dwellings.

The Board has to report annually to the Secretary for Scotland as to the condition and management of all public, private and district asylums and houses in which lunatics are detained. The secretary must annually transmit to the Commissioners of Her Majesty's Treasury a return of the orders granted by sheriffs for the admission and detention of lunatics, with the names of the asylums or houses to which the orders are sent, a return of the licenses granted by the Board for private asylums, and a return of

the patients received into and discharged from each asylum, and an account of the expenditure of the Board.

Inspection.

The two paid Commissioners must visit and inspect twice a year all the public and private and district asylums and every house where a lunatic is detained by order of the sheriff. At each visitation inquiries must be made into the condition of the patients the sanitary state of the premises, and their inspections and the particulars thereof must be recorded in a book to be kept for that purpose. The Commissioners must also make visitations and inquiries as to alleged lunatics in prisons, and as to the lunatics in poor-houses. They may in any case take the assistance of medical persons.

Registers setting forth the particulars relating to every lunatic must be kept in each public, private, and district asylum; from the facts set forth in these registers, and from documents which must be transmitted to the Board, the latter must complete a general register of all lunatics.

Where the property of a lunatic is not properly applied for his benefit, the Board, or the Accountant if the Court of Session, reports the matter to the Lord Advocate, who makes application to the Court of Session, and the Court may take such measures with regard thereto as it thinks fit. (See section 81 of 20 and 21 Vict., c. 71.)

A return is made to the Board by the Accountant of the Court of Session furnishing the names of all lunatics under judicial factors; and the Board is empowered to make inquiry into the mode in which such lunatics are provided for, and into the way in which their property is expended for their benefit, and to take action to secure that they are properly provided for where this is not the case. (See section 17 of 29 & 30 Vict., c. 51.)

Under 20 & 21 Vict., c. 71, secs. 25, 26, 104, 105; 52 & 53 Vict., c. 50, sec. 11, visitations may be made by other authorities besides the Commissioners of the General Board. The sheriff may make visitations and inquiries at the public, private, and district asylums and houses within his jurisdiction wherever a lunatic is detained under his order, and an inspector appointed by the district board may make similar visits in his district. The power of the justices of the peace to appoint three of their number to visit and inspect the public, private, or district asylums in their

county, is now transferred to and vested in the council of each county, and the Secretary for Scotland may authorise a person to examine any patient detained as a lunatic, or the place where he is represented to be confined.

DISTRICT ASYLUMS.

For each of the districts into which Scotland is (under 20 & 21 Vict., c. 71, secs. 50-53, 68, 70, 74, schedule H.; 40 & 41 Vict., c. 53, sec. 61; 50 & 51 Vict., c. 39, sec. 1), divided for lunacy purposes, a district board is elected annually by the County Councils and the magistrates of burghs within the district.

If the General Board decides that it is necessary, it may require a district board to provide a new asylum for the better accommodation of lunatics or to enlarge an old one. All the district asylums—unless otherwise vested by their constitution or endowment—are vested in the district board, which is responsible for their proper management, superintendence, and discipline.

The district board must keep accounts and transmit them half-yearly to the General Board.

ROYAL ASYLUMS.

Before the passing of the Act (20 & 21 Vict., c. 71) which created district asylums, institutions of a public character existed under royal charters, which were known as royal or chartered asylums. These originated in charitable bequests or in public subscriptions, and all classes of patients were received in them, both private patients paying either high or low rates of board, and those maintained as paupers. They were not greatly interfered with by the Act just mentioned. They all continue to receive private patients; and district boards are permitted to contract with them for the accommodation of pauper patients.

PRIVATE ASYLUMS.

Applications for licenses to keep private asylums must be made to the General Board of Commissioners, and a plan of the buildings and premises, and particulars as to sanitation and the number of patients proposed to be received, must be furnished at the same time—20 & 21 Vict., c. 71, sec. 27. Such licenses must be annually renewed.

POOR-HOUSES, CHARITABLE INSTITUTIONS, AND PRIVATE DWELLINGS.

Before the passing of the Act just referred to, certain parishes had provided asylums for the accommodation of their own lunatic poor. These establishments, now called parochial asylums, have been allowed to continue to receive lunatics, suffering from all forms of insanity whether curable or not, on the order of the sheriff. They require, however, to obtain the license of the Board annually. The General Board may also license special wards of poor-houses for the reception on the sheriff's order of such pauper lunatics as are not dangerous and do not require curative treatment, and may, subject to rules approved by the Board, sanction the reception of pauper lunatics without the order of the sheriff. It may grant licenses to any charitable institution established for the care and training of imbecile children. It may grant special licenses for reception into private dwellings of not more than four lunatics, but no lunatic may be so received without the sanction of the General Board and the necessary medical certificates and particulars. No person may keep a lunatic for gain without the order of the sheriff or the sanction of the Board; but a private dwelling in which only one lunatic is kept does not require to be specially licensed. If a lunatic in a private dwelling, though not kept for gain, is labouring under mental disorder of a confirmed character which renders necessary compulsory confinement or restraint, the occupier or inmate must report the case to the General Board, who may make inspection and, if they see fit, obtain an order from the sheriff for the removal of the lunatic to an asylum (25 & 26 Vict., c. 54, secs. 3, 4, 5, and 7; 29 & 30 Vict., c. 51, secs. 13 and 14).

ADMISSION AND RECEPTION.

The sheriff of any county in Scotland may grant an order for the reception into and detention in any asylum, lunatic ward of a poor-house, or house, of any lunatic if he be resident or found within such county, or if the asylum mentioned in such order is situated in the county. But this order cannot be granted except upon a petition setting forth the degree of relationship or other capacity in which the petitioner stands to the lunatic, and upon certificates under the hands of two medical persons having no immediate or pecuniary interest in the asylum in which the lunatic is to be placed, but one

of these persons may in the case of a pauper lunatic be the medical superintendent or consulting physician of such asylum if it is not a private asylum. The order of the sheriff is not necessary for the reception of a lunatic into the lunatic wards of a poor-house, or into a private dwelling if the sanction of the Board has been granted ; and in practice such lunatics are always received under the sanction of the Board. The sheriff of the county may forthwith commit a dangerous lunatic to some place of safe custody upon application by the procurator fiscal or inspector of the poor or other person, accompanied by a certificate from a medical person. Notice must be given, in some newspaper circulating in the county of the commitment, that it is intended to inquire into the condition of the lunatic on a given day. A further notice must be given to the inspector of poor of the parish in which the lunatic was apprehended or found, and if the inspector of the poor does not, within twenty-four hours, undertake to make due arrangements for his safe custody, the sheriff, after being satisfied by inquiry that the patient is a lunatic, may commit him to an asylum. The medical person who signs a certificate must specify the facts upon which he forms his opinion that the patient is an insane person, an idiot, or of unsound mind, and distinguish facts observed by himself from facts communicated to him by others.

The superintendent of every public, private, or district asylum or house must, within fourteen days after reception of a case, transmit to the General Board a copy of the order, and medical certificates and petition and statements that accompanied it, and a notice of the admission, and a report by the medical attendant of the asylum. Within seven days after the order, the sheriff-clerk must also send to the General Board a notice giving information as to the petitioner, the lunatic, the medical persons granting the certificate, the sheriff granting the order, and the house or asylum to which it was addressed. In remote places any justice of the peace of the county, upon being satisfied by sworn information of the minister or any elder of the parish or other credible person, that a person is a lunatic, may grant a warrant for his detention and transmission in safe custody to the nearest town in which a sheriff or sheriff's substitute resides, that the requisite medical certificates and sheriff's order may be obtained. [This power has seldom or never we believe been exercised]

The sheriff's order cannot remain in force longer than the first of January after the expiration of three years from the date on

which it was granted, or than the first of January in each succeeding year, unless the superintendent or medical attendant of the asylum or house shall duly send the General Board a certificate that the detention is necessary and proper. The General Board may grant an order to an applicant that a search be made by the secretary among the returns made under the Acts, to see whether any particular person has been confined in any and what asylum or house within the previous twelve months.

RECOVERY AND DISCHARGE.

There is no statutory provision for the discharge of a recovered patient. But the superintendent of an asylum discharges a recovered patient as soon as he (or the medical officer if he is not himself the medical officer) considers the patient sane, the detention of a sane person in an asylum being illegal.

In case of a patient having "so far recovered as to be safely liberated", the superintendent or medical attendant of an asylum or house grants a certificate and transmits it to the person at whose instance the lunatic was detained, or to the nearest relative of the patient, or to the person or parish chargeable with his maintenance. If no steps are taken within fourteen days by him to whom the certificate is sent, the General Board has power to order the discharge forthwith.

A person who procures two medical certificates, approved by the sheriff, that a patient has recovered or may be safely liberated, and an order of the sheriff for his liberation, may require the superintendent of an asylum to set him at liberty. The General Board has also power to order a discharge if it is satisfied, by the certificates of two medical men, of the recovery of the lunatic.

On the application of the person at whose instance the lunatic is detained, or the nearest relative, or the inspector of the poor of the parish liable for maintenance, the General Board may authorise the liberation on probation of a patient for a specified time. A pauper lunatic thus liberated still remains subject to inspection by the Commissioners. A parochial board may direct that a pauper be discharged from an asylum or house, or that he may be removed from an asylum and entrusted to the care of a private person, but the manner in which he is to be provided for requires the sanction of the Board if he remains in receipt of parochial relief. The General Board may, however, on the report

of the superintendent, prohibit the discharge of the patient if it appears that he is dangerous to himself or the public.

A person placed in an asylum as a dangerous lunatic may be delivered by order of the sheriff to a person finding security for his safe custody, or he may be discharged by order of the sheriff on the certificates of two medical persons approved of by the procurator fiscal (20 & 21 Vict., c. 71, secs. 92-94; 25 & 26 Vict., c. 54, secs. 15, 16 and 17; 29 & 30 Vict., c. 51, secs. 8-12 and 19).

PAUPER LUNATICS.

Every pauper lunatic must be sent to the district asylum for the district in which the parish of his settlement is situated, or to the asylum serving as such, unless the Board sanctions his disposal otherwise. It is the application of this provision of the law which gives the Board control over all the arrangements made for pauper lunatics thought suitable to be placed in private dwellings, (20 & 21 Vict., c. 71; secs. 59, 75 and 95).

CRIMINAL LUNATICS.

If a prisoner is insane so that he cannot be tried, or if the jury find that he is insane, it is lawful for Her Majesty to give orders for his safe custody during her pleasure, which orders may be carried out in the lunatic department of H. M. General Prison at Perth. Persons detained in the lunatic department of the General Prison may be removed to an ordinary asylum, or may be conditionally liberated by an order of the Secretary for Scotland. An insane prisoner in a local prison may, upon the application of the prison authorities, be removed to an asylum by an order of the sheriff.

A lunatic detained under sentence of a court of justice cannot be discharged without the authority of such court or of the Secretary for Scotland (20 & 21 Vict., c. 71, secs. 87-89 and 93; 25 & 26 Vict., c. 54, secs. 19-24; 34 & 35 Vict., c. 55, secs. 2-7).

PENALTIES.

Penalties of imprisonment or fine are inflicted in cases of medical certificates made falsely or without examination of the patient, or by unqualified or interested persons; or for sending or

receiving lunatics into an unlicensed house or asylum, or for sending or receiving them without the necessary order ; or for a wilful false statement or report, or refusal to give requisite information ; or for maltreatment of a lunatic, or for other offences contrary to the express terms of the statutes regulating lunacy matters.

IRELAND.

The law relating to lunacy in Ireland is contained in no less than thirty Acts of Parliament passed between the years 1820 and 1890, and, owing to the extraordinarily careless and confused manner in which these have been framed, the difficulties, both of interpretation and in practical working, which present themselves to the lawyer and medical practitioner, can scarcely be imagined.

That such a state of things should have been allowed to continue for so long is a disgrace to the Statute book.

In the interests of the insane, and of those who have the care and custody of them, a codification of the existing statutes, similar to that now enjoyed by England, should be at once effected.

Chaotic and confused as is the present state of lunacy legislation in Ireland, it is hoped that the reader may be able to gather some definite and clear information from the brief abstract which is appended below of the several Acts now in force.

PAUPER LUNATICS.

By the Acts 1 & 2 Geo. IV, c. 33, secs. 2, 5, 6 ; 8 & 9 Vict., c. 107, secs. 15, 16, 23-25 ; 38 & 39 Vict., c. 67, secs. 4, 8, the Lord Lieutenant, with the advice and consent of Her Majesty's Privy Council in Ireland, may direct and order that any number of asylums for the lunatic poor shall be erected and established in the districts of Ireland. Each district may consist of one or of two or more counties. The same authorities may appoint governors or directors of all such asylums, and as many as eight commissioners for the general control thereof, and may frame regulations for their management or adopt and authorise those recommended by the commissioners. The governors or directors and the commissioners must act without any salary or emolument. The commissioners have power to rent and purchase premises for district asylums, and

asylums or additional buildings may be appropriated for the exclusive reception of particular classes of pauper lunatics distinguishable by the character of the disease, whether recent in its origin, or chronic, or whether curable or incurable. For this latter purpose, provincial asylums may be established for patients within each province, which must be considered as a district attached to the asylum. The Lord Lieutenant may appoint one or two duly qualified and experienced persons to act as inspectors of lunatics. One of these inspectors must once in each year visit every asylum or house, and every gaol, union workhouse, or house of industry where lunatics are detained, and make inquiries into the management and administration thereof. A registry of admissions and discharges and deaths, and a medical journal, must be kept in every district asylum.

A patient received into a district asylum shall be detained there until he shall die or be removed or discharged by due authority, and in case of escape may be retaken at any time within fourteen days and again be detained 38 & 39 Vict., c. 67, sec. 4).

Power is given to three of the governors of a district asylum to permit any patient to be absent therefrom for any period not exceeding thirty days; but in the event of the patient not returning at the expiration of such period, and no medical certificate being sent to the resident medical superintendent of such district asylum certifying that his detention as a lunatic is no longer necessary, he may at any time within fourteen days after the expiration of the same period be retaken as in the case of an escape (38 & 39 Vict., c. 67, sec. 8).

LUNATICS SO FOUND BY INQUISITION.

The law on this subject is contained in the Lunacy Regulation (Ireland) Act, 1871.

By it the Lord Chancellor is empowered to direct all necessary visits and enquiries to be made into the state and condition of mind and condition generally of any alleged lunatic, and to order such other reports thereon to be made as to him may seem fit. These reports are filed in the office of the Registrar in Lunacy, and a petition may then be presented praying for a commission to enquire as to the lunacy of the alleged lunatic supported by evidence (sec. 11). Where the alleged lunatic is within the juris-

diction he may, upon receipt of notice of the presentation of a petition for enquiry, demand that the enquiry shall take place before a jury. The enquiry is so held unless the Lord Chancellor is satisfied by personal examination of the alleged lunatic that he is not mentally competent to form and express a wish for an enquiry before a jury (secs. 13 and 14). Where no jury is demanded, the Lord Chancellor himself holds the enquiry and takes the evidence, and, if necessary, personally examines the alleged lunatic, and declares whether or not he is or is not of unsound mind and incapable of managing his own affairs (sec. 15). The enquiry where a jury is demanded takes place before one of the Superior Courts of Common Law in Dublin, the Chairman of Quarter Sessions, or the Recorder in whose jurisdiction the alleged lunatic is resident (sec. 16).

The enquiry, whether with or without a jury, is confined to the state of mind of the alleged lunatic at the date of the enquiry, and cannot be carried back except under special order of the Lord Chancellor (sec. 19).

Every lunatic is personally visited and seen by one of the medical or legal visitors appointed by the Lord Chancellor, four times at least in every year, the interval between each visit in no case exceeding four months, and reports thereon in writing are made to the Lord Chancellor by the visitors after each visit (sec. 57).

The property of a lunatic so found by inquisition is managed (under the supervision of the Lord Chancellor) by his committee, who may surrender leases or accept new ones (secs. 60, 61 and 62), and may, with the consent of the Lord Chancellor, sell, mortgage, exchange or otherwise dispose of all property of the lunatic where the same appears just and reasonable or for his benefit (secs. 63 and 74).

The costs of the maintenance and debts of a lunatic, as well as those of improvements of his lands, may be charged upon his estate (sec. 66).

LICENSED HOUSES.

By 5 & 6 Vict., c. 123, secs. 3-5, 8, 14, 15, 16, 17, 20, 21, 28, 31, 35-39, it is enacted that no person may keep a house for the reception of insane persons unless it be licensed. Three or more of the justices in general or quarter sessions for the county wherein the house is situated may grant the license. The applicant must

give fourteen clear days' notice, before the sessions are held, of his intention to apply for a license, to the clerk of the peace, who must furnish the inspectors-general with a copy of the license when granted, together with a plan of the house. No person shall be received or detained without an order under the hand of the person sending the patient, stating his connexion or relationship with him, and accompanied by a medical certificate of two physicians, surgeons, or apothecaries. These practitioners must not be in partnership, and each must separately visit and personally examine the patient; nor may either of them be interested by himself or by his relatives in the house itself. But under special circumstances the certificate of one practitioner is sufficient, provided that the signature of another practitioner is obtained within fourteen days.

Notices of reception, accompanied by the orders and certificates, of escape, removal, or death of insane persons must be given to the inspectors in lunacy.

By 38 & 39 Vict., c. 67, a patient so received into a licensed house is detained until he shall die, or be removed, or discharged by due authority, and in case of escape at any time may be retaken at any time within fourteen days after such escape (sec. 3). If the order or medical certificate, or, if more than one, both or either of the medical certificates, under which a patient has been received, is or are in any respect incorrect or defective, it or they may be amended within fourteen days after the reception of the patient, provided the sanction of an inspector of lunatics be obtained; if not so amended within seven days, after a notice from the inspectors of lunatics, the said inspectors may order the discharge of the patient (sec. 5).

A patient may, with the consent of an inspector of lunatics, while detained in a licensed house, be taken or sent, under proper control, to any place for the benefit of his health, and may also be permitted to be absent on trial for any period not exceeding thirty days, but in the event of his not returning at the expiration thereof, and no medical certificate being sent to the proprietor or superintendent of such licensed house, certifying that his detention as a lunatic is no longer necessary, he may, at any time within fourteen days after the expiration of such period, be retaken, as in the case of an escape (secs. 7 and 8). Every licensed house must be visited by an inspector in lunacy once at least in every six months, who must inspect every part of the premises, see every patient, and make entries in the book upon the condition of the house and its patients. If it seems that any patient ought not to

be detained, the inspector may make two special visits, accompanied by the managing officer and the medical officer, and they may give orders for the discharge of the patient. But this power of liberation does not extend to any person found idiot, lunatic or of insane mind under a commission issued by the Lord Chancellor, nor to any insane person confined under the order of the Lord Lieutenant or any criminal court.

By sec. 4 of 34 & 35 Vict., c. 22, inspectors are bound to transmit to the Registrar in Lunacy, within two days after receiving the same, copies of the medical certificates received by them under 5 & 6 Vict., c. 123, sec. 16, and where two or more justices have by warrant ordered a lunatic to an asylum, under 30 & 31 Vict., c. 118, sec. 10, one of such justices must send, within two days after signing the warrant, a copy of the certificate of the medical officer, upon which such warrant was issued.

An annual report of the condition of the houses, and the treatment of the patients, must be made by the inspectors to the Lord Lieutenant and the Lord Chancellor.

UNLICENSED HOUSES.

Except he be a guardian or relative, deriving no profit from the charge, or a committee appointed by the Lord Chancellor, or a person with whom an insane patient has been placed by the committee, no one shall receive an insane person into an unlicensed house without the usual order and medical certificates, copies of which must be transmitted to the inspectors. The Lord Chancellor may direct the inspectors to make a special visitation of a patient confined in the care of a guardian or relative or other person (5 & 6 Vict., c. 123, secs. 3 and 36).

PENALTIES.

A person is guilty of a misdemeanour who keeps a house for two or more insane persons without a license, who wilfully neglects to give a complete plan of the house or of any alterations or additions to it, or wilfully receives a patient without the necessary order and certificates, or neglects to send the inspectors the necessary notices as to reception, removal, or death, or wilfully conceals patients or any part of the house from an inspector, or who signs a false or illegal medical certificate (5 & 6 Vict., c. 123, secs. 3, 6, 14, 17, 24, 36, and 37). Under secs. 7-10 of 34 & 35 Vict., c. 22 (The

Lunacy Regulation [Ireland] Act of 1871), a person who wilfully makes, or causes to be made, any false statement in any of the returns or notices under the provisions of the Act is subject to the same pains and penalties as if he were guilty of perjury.

A neglect to transmit the requisite notices and returns is punishable by a fine not exceeding ten pounds, recoverable in a summary way, but no penalty is exacted when it is made out to the satisfaction of the justice or justices that the failure to transmit the said returns and notices arose by reason of unavoidable accident or by circumstances over which the person charged had no control.

CRIMINAL LUNATICS.

A central criminal lunatic asylum was established under the provisions of the Act 8 & 9 Vict., c. 107, and all criminal lunatics in custody at the date of, and subsequent to, its erection were to be and are removed there and detained in custody. Persons may be apprehended as deranged, and intending to commit some crime, and committed to gaol by the justices. Information on oath of one or more credible witnesses must be given before two justices of the peace, stating facts to show that such person is a dangerous lunatic, and the justices may call in the help of a physician, surgeon, or apothecary. The Lord Lieutenant may direct insane persons in custody in any gaol to be removed to a lunatic asylum upon the certificate of two physicians or surgeons, or a surgeon and physician. He may issue a warrant for the discharge of a person committed as a dangerous lunatic who is medically certified to have become of sound mind, or to have ceased to be a dangerous lunatic (1 & 2 Vict., c. 27, secs. 1 and 2 ; 8 & 9 Vict., c. 107, secs. 10 and 11).

Under sec. 13 of 38 & 39 Vict., c. 67, a prisoner under remand, who is certified to be of unsound mind by two physicians, or a physician and a surgeon, is removed to the district asylum, and there detained until he is in like manner certified to have recovered. He may then, upon the warrant of the Lord Lieutenant, be remitted to the prison from which he was removed to the asylum, and brought up for further examination upon the charge under which he was remanded.

In cases where an accused is found guilty in any indictment or information, but is further found by the jury to have been insane at the date of the act or omission charged, a special verdict is returned to that effect, and the prisoner is kept in custody till the Lord

Lieutenant's pleasure be known ; and this authority may give orders for his safe custody and removal to the central asylum provided for criminal lunatics (46 & 47 Vict., c. 38, secs. 1 and 2 ; 8 & 9 Vict., c. 107, sec. 8).

Every person removed from a gaol to a district asylum, under the Act 1 & 2 Vict., c. 27, or to the Central Criminal Lunatic Asylum, established in pursuance of 8 & 9 Vict., c. 107, unless duly certified to have become of sound mind, is from and after the expiration of his sentence regarded and treated in all respects as an ordinary patient (38 & 39 Vict., c. 67, secs. 10 and 12).

AUSTRIA.

PUBLIC ASYLUMS.

No person can be admitted into a public asylum without the production to the medical director thereof of a certificate of an official or practising physician certifying that the patient to be admitted is insane. Each such admission must be notified to the competent Court of Justice of the district in which the asylum is situated.

The asylums are visited and inspected at indefinite times, but at least once every three months, by the ordinary official sanitary authorities acting under the orders of the Government. These authorities are bound to study the history of the malady of each patient, and see that all the stipulations ordered on the admission of a patient into the asylum have been fulfilled, and that the respective notices to the Courts of Justice have been issued, and are also compelled to accept and investigate any petition made by a patient.

Patients who are cured are discharged at once, after the fact of their recovery has been notified to those persons at whose instance they were admitted into the asylum. They can also be discharged at any time, whether cured or not, upon the demand by their relations, or legal trustee, but in the case of patients of a violent character, a reciprocal bond must be given to the manager before they can be discharged.

The discharge of a patient must, like his admission, be notified to the competent Court of Justice in which the asylum is situated.

PRIVATE ASYLUMS.

A license to own or conduct a private asylum must be obtained from the provincial government, and is only granted if the responsible manager is a graduated doctor of medicine.

The head physician must live in the establishment. No person can be admitted as a patient except upon the certificate of the district or municipal physician of the patient's native place, or, if issued by any other physician, it must be certified by one of the above mentioned official physicians.

Patients, however, whose malady has assumed a dangerous character, and foreigners, may be admitted without the required certificate, provided the head physician of the asylum reports the case within twenty-four hours to the authorities, in order that the official physician may investigate it.

The law applicable to private asylums is, with regard to their inspection and the discharge or release of patients, the same as that in force for public asylums.

The provincial government have power to order the dismissal of a managing physician of a private asylum, and, if in their opinion patients can no longer be entrusted there, are bound to withdraw the license, and effect the removal of the patients immediately.

BELGIUM.

PUBLIC AND PRIVATE ASYLUMS.

Both public and private asylums exist in this country, and they are subject to the same regulations in regard to licensing, and neither of them can be established without the leave of the Government.

Any private person may, with such leave, establish and keep an asylum, provided the provisions of the law of 1874 are complied with.

Admission.

By article 7 of the law of 1873, no person can be admitted as a patient into any asylum except upon—

- (a) The written request of his proper guardian, backed by the Conseil de Famille ; or
- (b) The demand or warrant of some competent authority.

Such application, when presented by interested persons, or relatives of the alleged lunatic, must be endorsed by the burgomaster of the commune where he is to be confined, and must in all cases be supported by a certificate, setting forth the mental condition of the alleged lunatic, and specifying all the particulars of his case ; it must not date more than a fortnight back, and must not have been issued by any medical practitioner connected with the asylum to which the alleged lunatic is to be admitted.

The director of an asylum is bound, within twenty-four hours after the admission of a patient, to give due notice thereof to :—

1. The Governor of the province.
2. The “ Procureur du Roi ” of the Arrondissement.
3. The “ Juge de Paix ” of the district.
4. The Burgomaster of the Commune.
5. The Visiting Committee of the asylum.

Every patient is visited by the medical officer of the asylum upon each of the first five days after admission, who enters in a book kept for that purpose, full details of the state and condition of the patient, a copy of which is upon the sixth day forwarded to the “ Procureur du Roi ” of the district.

Inspection.

All asylums are under Government supervision, and are reported on and visited by—

1. The Inspector General in Lunacy.
2. Special Commissaries attached to him.
3. Commissions of Inspection, composed of five, seven, or nine members.

They are further visited at least once in every six months by the “ Procureur du Roi ”, and once each year by the governor of the province.

Every patient confined in an asylum, or any person interested in his case, may, at any time, appear before the President of the Tribunal, to demand an inquiry into the case, and the President, after verifying the facts thus laid before him, may, if he deems it expedient, order the immediate discharge of the patient.

DENMARK.

PUBLIC ASYLUMS.

For the admission of a lunatic into a public asylum a certificate from a competent medical practitioner is required certifying that the individual in question is insane.

The public asylums are under the control of the Board of Health, by whom they may be visited at unstated times, and who report to the Minister of Justice any abuses they may consider to exist.

PRIVATE ASYLUMS.

Any person is entitled to keep a private asylum, neither authorisation nor license being necessary.

The same certificate as is required in the case of the admission of a lunatic into a public asylum is required when application is made to admit him or her into a private asylum.

The district doctor inspects private asylums once in the course of each year and reports to the Minister of Justice any abuses he may consider to exist.

FRANCE.

The law of the 30th June 1838, promulgated in the reign of Louis Philippe, and a royal ordinance of the 18th December 1839, modifying and extending some of its provisions, still constitute the lunacy laws of France. Each department is bound either to have a separate asylum or to make an arrangement by contract for the reception of its lunatics in some public or private asylum of that or another department. [A new bill has recently been prepared containing certain changes, but there is little prospect of its being passed. In any case, the law of 1838 will not be modified in its essential features. For proposed bill see Appendix.]

HOW PRIVATE ASYLUMS ARE ESTABLISHED AND THE DUTIES AND OBLIGATIONS OF THE DIRECTORS.

Application to establish a private asylum must be made to the prefect of the department in which it is situated, stating that the

applicant is of full age, and forwarding certificates of character from the mayors of the communes in which he has resided during the last three years. If he is not a doctor of medicine, he should send the testimonials of the doctor who is to undertake the medical supervision of the establishment.

He is to state the number and sex of the patients he proposes to accommodate, and whether they will be exclusively lunatics; if not, a plan of the building must be sent showing the part to be devoted to the accommodation of lunatics. He will be required to show that it fulfils the proper requirements of an asylum as regards situation, health, water-supply; that there is suitable accommodation for patients of either sex, and for those afflicted with various forms of disease, and that the rules of the establishment offer every guarantee for morality. He must also deposit a sum of money as security, which sum, in the event of his being suspended from his functions, will be paid to the person provisionally appointed by the prefect to carry on the establishment. He may, however, appoint a substitute to carry on the asylum in case he is at any time unable himself to do so by reason of death, absence, bankruptcy, or any other cause, but such substitute can only continue to act as director for one month unless specially authorised to do so by the prefect.

Should a director have neglected to appoint a substitute, his heirs or representatives will be bound to do so within twenty-four hours; should they neglect to do so, the prefect will appoint one provisionally; and, if within a month the heirs or representatives do not appoint a new director, the establishment will be closed.

The director and doctor, should there be one to assist the director, must both reside in the asylum; the latter, however, may be released from this obligation by the Minister of the Interior, provided he pays one general visit a day. A director is liable to have his license withdrawn on the infraction of any of the regulations, and also if there is any sign of want of humanity in his treatment of the inmates.

PUBLIC ASYLUMS.

The Staff.

Public asylums are administered by a responsible director, acting under the authority of the Minister of the Interior, and of the Prefects of Departments, and under the supervision of unpaid

committees, each of which is composed of five members appointed by the prefect. The director, who must reside in the establishment, is responsible for its administration and for the expenditure; it is his duty to see that the provisions of the law are carried out with regard to the admission and discharge of patients.

Admission.

There are two kinds of admission :—

(1) That which is, in fact, compulsory, and which is ordered at Paris by the Prefect of Police, and elsewhere by the Prefects of Departments, as a matter of police, as in the case of dangerous lunatics and persons who might, if at liberty, endanger public order or safety.

(2) The so-called *placement volontaire*, to which recourse may be had by those who wish to obtain the admission of a patient into an asylum, and for which the following formalities are necessary :—

- (a) An application must be made in writing, signed by the applicant, stating the names, age, profession, and residence both of the applicant himself and of the person with regard to whom the application is made, and the relationship existing between them. The guardian of a person declared by decree incapable of managing his own affairs (*interdit*) must furnish a copy of the decree.
- (b) A doctor's certificate, stating the mental condition of the patient, pointing out the peculiarities of the case. This certificate must have been granted within a fortnight of the time the application is made, and the doctor by whom it is signed must not be the medical man attached to the asylum, or related, even in the second degree, to him or to the patient. In urgent cases this certificate may be dispensed with.
- (c) Some document to prove the patient's identity.

Reports and Register.

A list of documents is drawn up on each case within twenty-four hours after the admission of the lunatic, and sent, together with an additional certificate from the doctor of the asylum, to

the Prefect of Police at Paris and to the prefect and mayors in the communes of the department.

In the case of private asylums, the prefect sends, within three days, one or more experienced men to report upon the case. In the case of both public and private asylums, he reports the admission officially to the procureur of the district in which the patient resides, and also to the procureur of the district in which the asylum is situated. At the expiration of fifteen days a fresh report is addressed to the prefect by the doctor of the asylum, containing more precise information on the case. The register must contain the facts as to admission, the monthly changes in the condition of each patient, the deaths and departures from the asylum. It is periodically examined by the legally appointed visitors, who sign it and add any observations that may occur to them.

Discharge and Release.

Every inmate of an asylum, his guardian, relative or friend, can appeal to the local tribunal, which may, if it thinks proper, order his immediate release. Those who have obtained his admission, as well as the procureur, may adopt the same course.

In the case of a person found by decree incapable of managing his own affairs this appeal can only be by the guardian. When thus admitted, an individual loses his civil status, and a curator is appointed to manage his affairs. No patient can be detained after the doctor of the establishment has stated, in the register, that he is cured. In the case of a minor, or of one previously pronounced incapable of managing his own affairs, this decision is to be notified to the guardian, and also to the Procureur of the Republic.

A patient, even before he has been so pronounced to have been cured, may be liberated upon demand to that effect being made by the guardian appointed by the Court, by the husband or wife, as the case may be, by the relations in the ascending line, or by those in the descending line by the person by whom the application for admission was signed, unless a relation object, and in case of disagreement among relations, the matter is referred to the family council. Should the doctor of the asylum, however, be of opinion that the state of the patient is such as to endanger the safety of others, he can apply to the mayor, who is empowered to grant a provisional injunction, and refer the matter to the

prefect, who shall decide within fifteen days whether the patient should be released or not.

In the event of permission being granted to a patient to leave an asylum, notice is given to the mayor and the prefect, stating at whose request the patient has been withdrawn, and giving information as to his state of health. The prefect, however, has always the power to order the immediate discharge of a patient from an asylum.

"Placements d'Office," i.e., Compulsory Detentions.

With regard to the "placements d'office", by which the prefect is empowered to order the sequestration of any person in cases where the safety of others might be endangered, a register is kept in which the prefect's orders are entered. In cases of urgent necessity the Commissioners of Police at Paris, or the mayors in other communes, take provisional measures, referring the matter at the same time to the prefect within twenty-four hours.

The Reports of the Prefect.

It is the duty of the prefect whenever a person is deprived of his liberty and placed in an asylum, whether in compliance with an application made in the prescribed form, or by order of the prefect himself as a "placement d'office", to report the circumstance to the Minister of the Interior. He must report every case of a person leaving an asylum, and state whether it be by reason of death, recovery, or transfer to some other establishment, and also any case in which the prefect shall have found it necessary to make a special order to prevent the removal of a patient; and, finally, he must once every six months furnish a report showing the state of every inmate of the asylums situated in his department.

Cases under treatment in public and private asylums are entered in the same form.

OFFICIAL VISITORS OF ASYLUMS, AND THEIR DUTIES.

Both public and private asylums are periodically inspected by a Committee, consisting of the prefect, the president of the local tribunal, the Procureur of the Republic, the "juge de paix" and

the mayor of the commune. This committee hears any complaints which may be made by the inmates, and takes the necessary steps for examining into their condition.

Private establishments are visited by the Procureur of the Republic once at least in three months on days of which no previous notice shall have been given; public establishments once or oftener in six months.

THE COMMITTEE OF A PUBLIC ASYLUM.

Public asylums are under the supervision of a committee of five persons appointed by the prefects, of whom one retires each year. They hold meetings once a month, which may be convened by the prefect more frequently if necessary.

PENALTIES.

No requests or complaints addressed to the judicial or administrative authority can be suppressed or kept back by the directors of the establishment under penalty; and the directors or responsible authorities render themselves liable to a penalty if they detain any person in an asylum whose release has been decreed by the prefect in the exercise of his authority, or who, according to the regulations of the law, is entitled to be set free.

The director of an establishment for the treatment of other diseases is liable to fine and imprisonment for receiving persons suffering from insanity unless into a section specially licensed for the purpose.

ALMSHOUSES AND CIVIL HOSPITALS.

Alms-houses and civil hospitals are obliged to receive provisionally certain patients, and keep them until they can be sent to a special institution.

These patients are those sent by a prefect's order, whose state of insanity might endanger public order or personal security, or those sent by order of the prefect of police at Paris, or the mayors of the communes, whose mental condition is attested by a medical certificate, or by common notoriety. The administrative committees of civil alms-houses, with wards devoted to the insane, must, with the approval of the prefect, appoint a responsible overseer, who

is subject to all the obligations of the Law of 1838. No committee of supervision is necessary, but the regulation of the wards is subject to the approval of the Minister of the Interior.

The remaining Articles of the Law of 1838 relate principally to the maintenance of asylums, and to the appointment of trustees and guardians to manage the properties of the inmates during the time of their confinement.

EXPENSES.

The asylums were intended to be as far as possible self-supporting, the expenses of each inmate, except, of course, pauper lunatics, being defrayed either by himself or his family. All other expenditure constituted a charge on the revenues of the department, the requisite sum being voted each year by the Conseil-Général, who, however, require the commune to which the patient belongs to contribute a certain sum.

MANAGEMENT OF PROPERTY OF LUNATICS.

The acts of a person admitted into an asylum being legally invalid, the superintending committee appoint one of their body to administer his property. The family and the procureur, officially, however, have the right to petition the local tribunal to appoint an administrator for that purpose; besides which they can obtain the appointment by the tribunal, in addition to the administrator, of a guardian ("curator"), whose duty it is to see that the patient's income is employed for his benefit, and that his confinement in the asylum does not continue longer than necessary.

CRIMINAL LUNATICS.

A notable deficiency in the Law of 1838 is that there are no special provisions for criminal lunatics, nor is there any special asylum set apart for their reception.

GERMANY.

The lunacy laws of Germany are to be collected chiefly from circulars of the ministers of justice, medicine and public worship, and from the rules of the asylums themselves.

By the Act of March 27th, 1885, the different varieties of mental disease are to be thus classified in asylum statistics :

- (a) Simple mania.
- (b) Mania with paralysis.
- (c) Mania with epilepsy, or hysteria-epilepsy.
- (d) Imbecility (congenital), idiocy, cretinism.
- (e) Delirium potatorum.
- (f) Insanity in healthy individuals.

A single expert named by the court, who possesses special repute in the knowledge of mental disease, is now sufficient to examine a person believed to be insane.

This medical official, or doctor, acting as an expert, must make as few visits as possible, and where the person is without property a single visit shall suffice.

The certificate of a qualified practitioner alone is, however, insufficient. If, however, a person of unsound mind is to be brought into a private asylum in Prussia at the instance of the legal or police authorities, or with their consent, the qualified practitioner has power to certify, and he may also certify in the case of a dangerous lunatic, provided that within twenty-four hours of admission his examination is undertaken by the proper official authority.

The certificate of the local medical officer shall show that the person is insane, from what form of mental disease he suffers, and that his admission into an asylum is necessary ; but if the local medical officer be connected with the asylum, the local surgical officer shall be the certifier.

Lunatics who have already been "deprived" (declared insane) by the Court, are at once admitted upon the application of their legal representative.

Where the incarceration has not been at the instance of the legal or police authorities of the patient's domicile, or with their consent, the said police authorities must generally be notified within twenty-four hours privately, and a duly attested copy of the certificate sent to them, as well as to the counsel (legal officer) of

the proper Court, and in all cases this notification must be sent to the Police Board of the place in which the asylum is situated.

Discharge, except of voluntary boarders, must follow in cases of cure, and where the legal representative of the patient demands it; but if the incarceration was ordered at the instance of the legal or police authorities, their consent to the discharge must be obtained.

Dangerous lunatics are only discharged when they can be immediately received into another asylum, and after notification given to the police of the place where the discharging asylum is located.

There are two regular inspections of private asylums annually—summer and winter—without previous notice having been given. Extraordinary inspections may be ordered by the provincial police, as often as they think it necessary. The local medical officer forms one of the committee of inspection, or, when he is himself connected with the institution, a medical commissioner skilled in mental disease is nominated by the county police as his substitute.

A detailed report of each inspection must be sent to the county police (provincial police), showing the sanitary condition of the asylum, the health of the patients, and their treatment, the entries in the books, and the complaints.

The special permission of the Royal Government of the State must be obtained by every incumbent of a private asylum, who desires to receive voluntary boarders, and the right of revocation of this permission is always reserved. Permission is only granted when all the arrangements of the institution offer ample security against abuse, and the incumbent signs an undertaking in writing to duly obey the regulations with reference to the admission and detention of patients.

For the admission of a patient, a medical certificate showing the probable benefit of detention in an asylum from the medical point of view, the written consent of the patient himself or of his legal representative, and a notification within twenty-four hours of the fact to the police, are necessary.

Proposals for discharge on the part of the legal representative of the patient are never declined, and when they proceed from the patient himself can only be refused on production of a medical certificate showing the necessity of incarceration, and due notification to the proper legal authorities. There is a monthly inspection by the local medical officer, or, when he is an officer of the institution, by a commissioner, nominated by Government, who inter-

views the patients, and sees that all rules and regulations are rigidly adhered to.

The following are the rules for admission and discharge in the three asylums of Eberswalde, Sorau, and Wittstock, belonging to the province of Brandenburg:—

Admission.

Applications for admission on behalf of a lunatic are to be made to the director of the province through the intermediary of the local police authorities. With the application there must be transmitted:—

1. A certificate under oath from an approved medical man, stating the existence and nature of the malady, with answers to the questions set out in the forms supplied by the said director;
2. A statement on the form prescribed by the police authorities of his personal and pecuniary circumstances, showing if he is a native of the province, if he belongs to any and what parish, and how far his expenses can be met from his own means, or from other sources;
3. Either (*a*) the document delivered to the police on the part of his representatives, stating his desire to be taken into an asylum; or (*b*) a statement by the police that no legal representative is forthcoming, but that the nearest known relative is a consenting party; or (*c*) in default of representative or relative a statement showing that from his helpless condition his reception into such an institution is necessary; or (*d*) (where the aforesaid parties resist proof) that he cannot be sufficiently cared for, and that his incarceration is already determined by the Court;
4. Either (*a*) a solemn declaration in writing on the part of his legal representative, or some third party, that they bind themselves to duly fulfil all stipulated obligations, the police showing that their means are adequate to that end; or (*b*) a similar declaration on the part of his parish.

Whether a patient shall be admitted or not is to be determined by the provincial director, after conference with the medical superintendent of one of the asylums, and in case of difficulty the provincial council shall decide. The authorities of the patient's parish may secure the provisional reception of the same on showing reason, and agreeing to pay two months' expenses.

The provincial director determines the institution into which the case shall be received.

A lunatic, not a native, unless transferred by some parish in the province, shall only be admitted when the costs have been secured.

The provincial director may, upon a medical certificate presented, admit a patient, all expenses being secured against the event of the requirements not being subsequently complied with, and the patient having to be discharged. The same power is lodged with the asylum medical superintendent, in the case of curable and dangerous lunatics, the consent of the provincial director being obtained as soon as possible.

The provincial director shall duly announce to the Court concerned, acting as guardian, the fact of admission in each individual case ; and, where incarceration has not been as yet completed, to the authority acting for the public interest.

Except in urgent cases, the superintendent of the asylum is not bound to admit patients, except between the hours of 8 a.m. and 8 p.m., and after having been duly advised of their coming. He can refuse to take in those arriving in a dirty state.

Where transference from one institution to another takes place the expenses shall fall upon the parties originally liable, unless this happens for the convenience of the asylum itself.

With the approval of the provincial director, a medical superintendent may receive for treatment a patient, for a limited period not extending over six months, at his own request, all costs being previously secured. Should the case prove to be one of insanity, the provincial director shall, through the police authorities, see that the necessary formalities are complied with.

Transport of Lunatics.

It having been decided that a patient shall be placed in the asylum, he is to be sent at his own cost, or his parish's, in the custody of a trusty keeper, who shall be a woman where the patient is a female. This person shall have sufficient knowledge of the case to be able to reply to all questions put by the medical superintendent, and he shall bring with him a sealed packet from the police authorities or magistrate, containing all the necessary documents. Having discharged his commission, he shall receive from the officials a paper by way of receipt, and

notification of the admission is to be at once transmitted to the council or magistrate sending the patient, who shall inform the Court of the fact. Provision is made for medical advice in case of need on the journey, and for the eventuality that several attendants may be required. Police officers performing this duty must be clad in civil dress, not in uniform.

Discharge of Lunatics.

The discharge of any patient shall immediately take place :—

(a) when he is, in the judgment of the medical superintendent, convalescent ;

(b) when the proposal for his incarceration is declined, or if such has occurred, on rectification of the same ;

(c) when his legal representative desires it, and the police authorities of the patient's domicile, after receiving information upon his mental condition, declare their approval of it.

The discharge shall be confirmed by the provincial director when there is no risk for the patient or the public.

Besides the cases of provisional or temporary reception, a patient shall be dismissed the institution—

(a) when a patient admitted on the proposal of one parish is found to be chargeable to another ; (b) when such patient ceases to have his domicile in such province, or when his expenses are not duly paid ; and (c) when the patient is, in the judgment of the superintendent, neither curable nor dangerous, and there threatens to be a want of room in the institution for the reception of such patients. But those patients who have least need of asylum treatment, and who have been admitted on the proposal of a parish, shall be first so sent away.

If, and at what period, a lunatic is to be sent away, remains for decision by the provincial director, and in case of difficulty, which, however, is exclusive of provisional or temporary cases, by the provincial council.

The superintendent is empowered to send out any patient who is in a fair way to convalescence, and who will probably do well outside. If re-admission does not occur within a year, or such period over a year as has been determined by the provincial director, such discharge is final. Notice shall immediately be sent to the provincial director of all discharges and re-admissions. While the patient lives outside the institution no alimony is paid.

In every case of the final discharge of a patient, the superintendent shall give notice ; (a) to the Court, in the position of legal guardian, and, when admission has not been completed, to the authorities acting in the public interest ; and (b) to the police in the county from which the patient came.

ITALY.

The Italian kingdom is still without any code or Act of Parliament dealing with the subject of lunacy, the different provinces having their own separate laws and regulations. Both public and private asylums are under the supervision of the Minister of the Interior, and this supervision is carried out by the prefects and sub-prefects, whose inspectors visit the asylums and report upon their condition and administration.

The public asylums maintained by the provinces are regarded as charitable institutions.

The consent of the prefect of the province is necessary before a private asylum can be opened. There is no restriction as to the class of persons by whom such asylums may be kept, but the prefect is bound to see that the guarantees required by the Law on Public Health of 1874 are forthcoming, that the establishment shall be conducted in a satisfactory manner.

With regard to admission, the same rules apply both to public and private asylums. Improper admission or detention is guarded against by the requirement of a medical certificate with the affidavits of two witnesses, and in some provinces the decree of the judicial authorities must accompany the same.

In case of abuses of a criminal nature being discovered, such as the arbitrary detention of sane persons, the inspectors must formally report the circumstances to the judicial authorities in order that the guilty parties may be proceeded against.

An asylum may be closed or the license revoked if the sanitary or administrative conditions are found to be irremediably defective.

THE NETHERLANDS.

The lunatic asylums of the Netherlands are, with one or two exceptions, public establishments maintained by the communal authorities out of local rates or funds, or are foundations dating back from early times, and supported by special endowments.

The law regulating the supervision, by the State, of lunatics and lunatic asylums was passed by the States-General of the Netherlands in April 1884.

Under this Act the chief supervision by Government over lunatic asylums and lunatics is assigned to two (or not less than two) inspectors, who shall be appointed by the King, and who shall not carry on any private medical practice. Apart from these inspectors, supervision is to be exercised by certain local authorities—medical, judicial and municipal.

All lunatic asylums, as well as all lunatics, except such as are treated at their own homes without being deprived of their liberty, are subject to Government supervision.

All authorities charged with the supervision of lunatics are empowered to visit, whenever they may think proper, asylums and other houses situate within their district in which lunatics are confined, but they are not allowed to enter a house against the will of the occupant unless they are provided with a written order from the burgomaster or the district judge, and unless accompanied by either the district judge, the president, or one of the members of the municipality, or a commissary of police. Independently of the visits of the inspectors, the officer of justice of each district court visits and inspects every asylum, etc., within his district, at irregular intervals, and in company with a medical officer of health, at least once every three months, with the object of ascertaining that no one is illegally detained, and that the patients are properly treated.

If the inspector at any time finds that a lunatic who is not in a lunatic asylum is neglected, he gives immediate notice thereof to the officer of justice if his efforts to procure an amelioration in the treatment of the lunatic shall have proved of no avail, and this officer may apply to the president of the court for an authorisation to place the lunatic in an asylum.

Every person taking charge of a lunatic subject to Government supervision, must, within forty-eight hours, give notice thereof to

the burgomaster of the locality, and the latter must, within the same limit of time, inform the officer of justice (Crown Advocate), of the court of the district, and also one of the chief inspectors, that he has received the said notice.

The managers of asylums must give notice, within twenty-four hours, to the officer of justice of the district, of every admission, removal, temporary leave of absence, discharge, or death of a patient.

All houses are considered lunatic asylums in which any person has charge of more than two lunatics not belonging to his own family. The asylums are set apart exclusively for the treatment of lunatics.

Licenses for the establishment of lunatic asylums are granted by Royal decree, and only on the following conditions :—namely, that the building be roomy and erected in a healthy situation, and have sufficient space for the proper exercise of the patients in the open air ; that the sexes be separated, except as regards children under ten years of age, and that due provision be made for medical treatment and domestic attendance.

There is no restriction as to the class of persons by whom private asylums may be kept.

If an asylum no longer satisfies the requirements of the law its license may be withdrawn.

By the Law of 1884 provision was made for the establishment of a Government asylum for the treatment of the following lunatics :—

- (1) those who are maintained by the State ;
- (2) those whose detention in a lunatic asylum is ordered by the competent judge in criminal cases ;
- (3) so far as space may allow for pauper lunatics, at the expense of the communal authorities.

Application for the admission of a patient into a lunatic asylum must be made in writing to the judge of the court of the district in which the patient resides, by one of his relations or his guardian, or, in their default, by the officer of justice of the said court to the president of the court.

This officer of justice is bound to take this course whenever he considers the placing of the lunatic in safe keeping necessary in the interest of public order, or for the prevention of accident, or if it should appear evident to him that the lunatic has been neglected.

Such authorisation can only be granted by the judge or the president on the production of a medical certificate as to the insanity of the patient, and the judge or president is empowered, before giving his decision, to call before him and examine both the patient and the person who has applied for his admission to an asylum, but the authorisation for the admission can, in the first instance, only be given provisionally and subject to confirmation, and is not communicated to the patient.

In urgent cases, a lunatic may be placed in safe keeping by the burgomaster of the commune in which he is resident. That functionary must give notice thereof, within twenty-four hours, to the officer of justice within whose jurisdiction the lunatic has been placed in safe keeping, and must communicate, at the same time, documents which testify to his lunacy.

This placing in safe custody is effected by preference by placing the person in an asylum, and only when there is no alternative by placing him in a prison.

The duration of this provisional safe keeping shall never exceed the period of eight days, unless the officer of justice considers an extension of this period necessary.

It is only on the exhibition of the authorisation in question, or the minutes of the authorisation, that any person can be admitted—and this only provisionally—as a patient in an asylum, and the judicial functionary who gave the authorisation must at once send notice thereof to the burgomaster of the commune in which the patient had his domicile, and the burgomaster must immediately make known the fact to the patient's nearest relations.

A judge may, in criminal and correctional cases, issue an order that any one who has committed a criminal offence, but which, in his case, cannot be accounted as such by reason of the weakness of his intellect or the derangement of his mental powers, shall be detained in a lunatic asylum for the space of one year.

His reception there shall take place on the presentation of an extract from the sentence which orders his detention.

During the first fortnight after the temporary admission of a patient, the medical officer of the asylum must daily make notes in a register of his observations as to the patient's mental condition, and a copy of the notes so made during the first three days must, without delay, be sent by the medical officer to the officer of justice of the district court, accompanied by a declaration as to whether or not the patient has, since his admission, shown evident signs of insanity.

After the expiration of the first fortnight, these notes must, during the succeeding half-year, be made not less frequently than once a week, and, afterwards, at least once a month.

Four weeks after the patient's admission, and if he should have been declared insane, a further application may be addressed to the judge of the district court for the definite detention of the patient in an asylum, and the judge, after hearing medical evidence and examining the patient himself, should he deem that to be necessary, may order the patient to be definitely detained. He cannot, however, authorise the detention for a longer period than a year.

There is no appeal from the decision so given.

For a prolongation on its expiration of the period, for which the judge authorised the detention, a fresh application may, at the proper time, be presented to the judge; but, as in the previous case, it can only be accorded for one year. The officer of justice may, if there are any reasons to justify such a course, present a similar request to the court in whose jurisdiction any person has been placed in a lunatic asylum by order of a judge in criminal cases.

The medical officer of an asylum may, at his discretion, permit a patient to leave the establishment for a certain limited period, provided the consent of his relations or guardian be first obtained.

Release of a lunatic from an asylum is granted by the governing body of the establishment—

(1) on a written certificate from the medical officer that the person under treatment has shown no symptoms of insanity, or that he has been completely cured;

(2) on the demand of the public prosecutor;

(3) on the request of the person on whose application the patient was admitted or his detention in the asylum was prolonged, or, in default of such, at the request of another relation or connection by marriage, and in both cases with the consent of the persons who requested the admission, or of the parent or guardian;

(4) if the conditions under which the patient was removed into the asylum have not been observed, and the person answerable has failed to pay the charges.

In granting a release in each of the last three cases, the medical officer, or, if there are more than one, the chief medical officer of the asylum, must previously give his opinion on the subject in writing to the governing body of the institution. If that opinion be to the effect that the release cannot be granted without danger to public order, or of accidents, the governing body of the asylum must send

that declaration, along with the request made for the release, to the officer of justice of the court in whose jurisdiction the asylum is situated.

The officer, on receipt of these documents, must immediately apply for the judgment of the court, which, in answer to this application, must, without right of appeal, issue the order for release, upon being satisfied that the necessary measures have been taken to obviate the disturbance of public order or accidents, or must decide that the release, as being dangerous, shall not be effected within the period fixed in the last authorisation for admission.

If the officer of justice discovers, on visiting the asylum, that a patient has been received, or is detained there illegally, he may order his immediate release, provided this can be done without danger. If not, the officer must apply to the proper court for the necessary authorisation for the patient's detention.

The officer of justice may also, on his own responsibility, order the release of a patient legally detained who, in that officer's judgment, is no longer insane, provided the medical officer of the asylum consent thereto.

In default of this consent, the officer of justice can refer the question to the competent court.

Several articles refer to the forms to be observed in the appointment, by the judicial authorities, of trustees, or guardians of the property of insane persons who are in confinement.

Infractions of, or failure to observe, the provisions of the Act, by managers of asylums, or other persons concerned, are punishable by fines varying in amount from 50 cents (10*d.* sterling), to 600 florins (£50 sterling), or by terms of imprisonment varying from one day to six months, according to the nature of the offence or transgression.

PORTUGAL.

PUBLIC ASYLUMS.

There are only two public lunatic asylums in Portugal, one in Lisbon (the Hospital of Rilhafolles), and one in Oporto (the Hospital of Count Ferreira). Each city, however, has a "Casa de Sande", into which, under certain conditions, lunatics are received,

but which cannot be considered as lunatic asylums either public or private.

The asylum at Lisbon (formerly a military school) was established in 1848; that at Oporto much later. Both are practically subject to the same law and regulations.

The medical director must reside on the premises.

The lunatics to be admitted are—

- (1) paupers whose cases are considered curable;
- (2) incurable paupers;
- (3) paying patients;

and admission is only to be obtained by a judicial decree on the demand of the administrative authorities, at the previous request of some relatives or relative having the legal custody of the alleged lunatic, accompanied by a certificate of his or her insanity from a duly qualified medical man, and the depositions of witnesses to acts of his or her insanity.

The examination of the lunatic by the certifying physician must take place in the presence of a judge and witnesses. If the alleged lunatic has been previously legally declared to be of unsound mind the authorisation of a legally constituted family council is required in addition to the formalities mentioned above.

No certificate from any medical man attached to the asylums, or related in any way to the alleged lunatic, is accepted.

The medical director is bound to examine and watch the lunatic for the first fortnight after his admission in order to decide as to his true mental condition; at the expiration of that period the lunatic can be accepted definitely as a patient.

In cases of urgent necessity, such as danger to the lunatic himself or to those about him, the authorities may demand the admission of a lunatic into the asylum without any legal formality. The director may receive a lunatic sent to the asylum under these circumstances, but he must draw up an official statement of the case declaring that the lunatic is admitted provisionally. This statement must be countersigned in the presence of witnesses by the person or persons demanding the admission of the lunatic.

The medical director can dismiss a lunatic whom he may consider cured or sufficiently recovered. The persons who originally demanded the admission of a lunatic may, at any time, remove him from the asylum, whether cured or not, upon undertaking to look after him.

The members of the administrative body of each asylum are required to examine all lunatics on admission, and inspect the asylum once every three months for the purpose of investigating the condition of every lunatic, and to receive such complaints as may be addressed to them with regard to the action of the relations or friends of any particular lunatic.

PRIVATE ASYLUMS.

No private asylums, as we understand the term, exist in Portugal and consequently there has been no legislation on the subject.

RUSSIA.

PUBLIC ASYLUMS.

The law with regard to lunatics in Russia is to be found in various parts of the code of that country.

In forming an establishment for lunatics the authorities select a separate isolated house, of considerable dimensions, and walled in all round to prevent escape.

Criminal or pauper lunatics are received without anything being exacted for their maintenance. Moneyed patients must be paid for at moderate rates, on the scale adopted for the maintenance and cure of the sick in ordinary Government infirmaries and hospitals.

PRIVATE ASYLUMS.

Private asylums for lunatics may be opened by the permission of the Ministry of the Interior after the examination and approval of the rules and regulations concerning them by the Medical Council, and with observance of the conditions determined by law. Establishments of this kind are under the control of the medical authorities of the Government in which they are situated.

Idiots and lunatics in private establishments may be subjected to an examination in due form on application to that effect from competent persons—namely, parents, guardians, trustees, or heirs. If there has been no previous official examination, the proprietors

immediately submit the case to the local medical authorities, and the latter report thereon without delay to the governor.

On receipt of such report the governor immediately ascertains, privately and without publicity, whether, in placing them therein, there has been any abuse of power, and in any case must make known all facts ascertained to the president of the local nobility or to the mayor, according to the rank and estate of the patient.

EXAMINATIONS OF LUNATICS.

At examinations of insane persons, whether at the seat of the county or local administration, the governor shall preside over the proceedings in person.

Any family in which there is an idiot or a lunatic has the right to apply to the local authorities for the patient to be officially examined.

This is done in cities by the medical department of the county administration in the presence of the governor, the vice-governor, the president of the district court of law or his substitute, the vice-president, or one of the judges, the prosecutor-general or his secretary, one of the local magistrates. Should the patient, from his position, be under the administrative jurisdiction of the manager of the Government chambers, the said manager is likewise cited to attend, and, according to the patient's position in society, the county president of the nobility, and one or two district presidents of the nobility are present, and likewise the president of the Orphans' Court, attended by one or two members of the same institution. Should the patient be a nobleman in the army representatives of the military authorities likewise attend. The examination may take place at the residence of the patient if he live in a county town.

Privates in the army who have neither committed manslaughter, nor any other grave offence, are examined according to the rules specified in the military code. If they have committed any capital crime they are examined by the medical department of the county administration and at the seat thereof.

In the port towns of the Government-General of New Russia and Bessarabia lunatics and idiots of noble blood are examined by medical men of the official staff in the presence of the local grand police masters, the president of the nobility of the district, and one or two members of the local committee of public protection, where

such exists. If the patient belongs to the merchant class or any other, his or her examination must be attended by the president of the commercial court, where such exists, the mayor and two members of the magistracy.

If the removal of an idiot or a lunatic to the county town would endanger his life he is examined at his residence by the inspector of the medical department, or one of its members, assisted by two medical practitioners appointed by such institution.

Other persons, judicial or municipal, are prescribed to be present according to the rank or estate of the patient.

Insane persons are entrusted by the senate to the care of their nearest relatives, and should the latter refuse to take charge of them are placed under medical care in madhouses.

PROPERTY AND INSPECTION OF LUNATICS.

After a verdict to the effect that the person examined is really and truly insane, the examiners do not, on their own responsibility, appoint any guardianship, but submit the proceedings to the Governing Senate, and until the latter has given orders the examiners must adopt proper measures for the protection of the patient and his property. In the cases of insane peasants such verdicts are not submitted to the Governing Senate, but are acted upon by the County Administration.

The property of recognised idiots and lunatics is handed over for management to their heirs, who have not the right of either selling or mortgaging it during the owner's lifetime, and are bound to keep intact all the revenue except such portion as is absorbed by lawful charges.

If a recognised lunatic recovers his mental faculties, the fact is duly reported, and, after a second examination, pending orders from the Senate, the patient is set at large; but his property until then remains under guardianship.

Both public and private asylums are placed under the supervision of the Government medical inspectors, whose duty it is to visit these establishments and insist upon the exact fulfilment of the regulations. In case of non-fulfilment of regulations by the managers of the asylums, these inspectors make a report to the governor, who has the power at once to put an end to any irregularities or breach of the laws.

Governors are bound to visit and examine lunatic establish-

ments in person—those in cities as often as possible, those in small towns and in villages when travelling on circuit ; and they must take due measures for the improvement of lunatic establishments.

CRIMINAL LUNATICS.

If it appears that a prisoner is deprived of reason, or is afflicted by insanity, the public investigator refers the matter to the public prosecutor, together with the written opinions of the medical practitioners consulted in the case.

The examination is effected in the district law court, whilst the judges are sitting, by the medical inspector or his assistant—both of the Government medical department—and two other medical practitioners appointed for the purpose by the latter institution. In the capitals, the town physician and two other practitioners appointed by the medical department are invited for the same purpose.

A lunatic who has committed, or attempted manslaughter, or incendiarism, or attempted suicide, is confined in a madhouse, even if his relations or parents are willing to undertake the duty of guardianship over him, and to give him medical attendance at home.

If in the course of time his insanity shall have disappeared, and in the course of two years there shall have been no relapse, then, after ascertaining his complete recovery, he is liberated and his property is restored to him.

This term of two years may be abridged, and the patient be allowed to return to his relatives, who shall be answerable for him ; but this is permissible only when no danger whatever is apprehended from so doing. His relatives thus becoming responsible for the cured patient, are bound to watch him strictly, and at the slightest sign of returning insanity must take proper precautions or replace him in the madhouse at once.

SPAIN.

The Spanish law for the protection of the insane is, probably, more defective than that of any civilised State. Lunacy laws in the sense in which the term is generally understood, can, indeed, hardly be said to exist, as there is no homogeneous body of laws

laying down in explicit terms the conditions under which lunatics may be confined, the character of the institutions for their confinement, or the nature of the inspection to which such institutions are subject.

PUBLIC ASYLUMS.

The earliest statute dealing with the subject was that passed in 1822, which decreed the foundation in every province, or group of two or more provinces, of a public asylum for the reception of lunatics of every class, which should be supported and controlled by the provincial authorities, subject, however, to the ultimate supervision of the Government. Female patients are kept in wards apart from male patients, and the wards are, as far as possible, classified according to the nature and stages of the disease.

Continued close imprisonment, harsh treatment, flogging, use of the stocks and irons, and systematic employment, by way of repression or punishment, in menial services in the house or garden, are forbidden, but the patients are employed in such manual labour only as is prescribed by the medical director as being most suited to the special case of each, subject to the facilities which the building affords.

By the statute of 1849, all benevolent institutions, including lunatic asylums, were declared to be public and under the control of the Government, except those supported by their own funds, bestowed or bequeathed by private individuals, provided they fulfilled the purpose for which they were founded. These public establishments were classified as either general (*i.e.*, national), provincial, or municipal, and were under the control, in the first instance, of a "*junta general*", "*provinciale*", and "*municipale*", respectively, which framed the special regulations for the management and inspection of institutions under their respective control.

No one can be retained in any such lunatic asylum for a longer period than that necessary for his treatment and relief, but his release can only be obtained on the written consent of the director.

For the purpose of enlarging the scope of the statute of 1849, a Royal decree was promulgated in May 1852, providing for the creation for the whole of Spain of six national lunatic asylums (owing, however, to the exhaustion of the exchequer, one only, viz., that of St. Leganes, near Madrid, was established), which should be under the control of the Government, through the Minister of

the Interior ; the junta generale, as the auxiliary of the Government, retaining the immediate supervision, including the right of inspection.

Paying and non-paying patients are admitted, but no application for the admission of a patient is entertained unless accompanied by an attested copy of a legal "information" taken before the judge or tribunal of the alleged lunatic's domicile, or that of his guardian or family, establishing the necessity or expediency of his confinement. In the case of a married person, the husband or wife and their nearest relations are cited for the information ; and, in every case, the patient's family.

Upon the receipt of this document, together with a legalised certificate of his baptism or inscription on the civil register, an order for the lunatic's conveyance to the asylum is issued by the "Director-General de Beneficencia".

A husband, wife, parent, tutor, or guardian, brother or sister of a patient, is allowed free access to such patient, subject only to the consent of the visitor-general, and to such precautions as the medical director of the asylum deems necessary.

No non-paying patient can be released, definitely or temporarily, without the order of the Director-General de Beneficencia, which is only granted on the recommendation of the medical director of the asylum ; but a paying patient can be released, either temporarily or definitely, upon his parent, guardian, or tutor undertaking his charge. When the confinement of a lunatic has been ordered by the courts of justice, he is not permitted to leave the asylum (with or without a certificate of recovery), except with the previous authorisation contained in art. 8, par. 1, of the Penal Code.

PROVINCIAL ASYLUMS.

The regulations of the provincial asylums are very similar, but as they have no statutory force, but are merely bye-laws, they may be altered from time to time as the provincial authorities think proper.

As a general rule they require a judicial sentence, affirming the patient's insanity, as well as a medical certificate ; but this condition is not invariably insisted upon, and in some provincial asylums the declaration of a single doctor is sufficient. Provincial asylums being only bound to receive formally incapacitated lunatics, their

reluctance to support more patients than they are absolutely obliged is a practical security against improper detention.

PRIVATE ASYLUMS.

The state of the law in regard to private asylums, as we understand the term, is still more defective. First permitted to be established by the Law of 1822, and being, it is true, subject to the control and inspection of the provincial committees of benevolent institutions of their respective provinces, there exists no positive legal obligation binding them to obtain such licences, although the fact of their being subject, for purposes of inspection, to the provincial committees implies the previous consent of the latter to their establishment.

No medical or other qualification is required to open a private asylum. In practice, however, the proprietors are all medical men.

There is nothing, it would seem, to prevent the proprietor of a private asylum from receiving and detaining a lunatic without any previous formality, provided he is able, if proceedings should be taken against him for false imprisonment, to establish the patient's insanity.

PENALTIES.

The improper confinement or detention of a person in an asylum is a criminal offence, punishable, under article 495 of the Penal Code, by imprisonment with hard labour for a period not exceeding twelve, and not less than six, years, where the detention shall have extended beyond twenty days, or have taken place under colour of a pretended legal authorisation, or grievous bodily harm shall have been caused to the person so confined or detained, or threats of death have been employed against him. The imprisonment shall be for a period not exceeding six years and not less than six months, together with a fine of 125 to 1250 pesetas where the accused shall have liberated the person so confined or detained within three days of his confinement, provided proceedings have not been commenced against him.

SWEDEN AND NORWAY.

The regulations as to the treatment of lunatics in Sweden are laid down in the Royal Ordinance of the 2nd November 1883.

The public institutions for the reception of lunatics are :—

- (a) hospitals where cases which admit of a hope of recovery are treated ;
- (b) asylums where confirmed lunatics are kept in safe custody.

All institutions, both public and private, for the reception of the insane, are placed under the Government medical authorities, or Public Board of Health (" Medicinalstyrelsen"), which body is under the Department of Public Worship and Education.

All public hospitals and asylums have a managing committee, which committee communicates with the Government medical authorities.

All private asylums have a principal medical officer who is approved by the Government medical authorities, and who communicates with them.

PUBLIC ASYLUMS AND HOSPITALS.

The chief control of hospitals and asylums is vested in the Government medical authorities.

The management of each establishment is vested in a committee, of which the governor of the province shall, *ex officio*, be president, and which committee shall be formed of four members appointed by Government and the principal medical officer of the institution.

An asylum near a hospital can be placed under the managing committee of that hospital.

The medical officer of an asylum has to see to the admission, treatment, discharge, or transfer of patients, consulting the managing committee when necessary.

He is answerable for the proper keeping of the case-book, which must be shown once at least every three months to the managing committee, and also for the reports, and must furnish the committee with a detailed report of the treatment of the patients

during the year. He must reside in the establishment if possible, if not, in the immediate vicinity thereof, and must not receive lunatics in his own house, nor, except with the permission of Government, undertake any other practice.

The Government medical authorities make, once a year, or oftener if necessary, an inspection of every hospital or asylum for lunatics. This inspection is undertaken by one of their number, or by a doctor duly selected by them, and they send a copy of the report to the managing committee, and furnish an annual printed report to Government on the care of lunatics in the kingdom.

All plans for public asylums and hospitals must be submitted to the Government.

If any person show signs of madness it is the duty of his natural guardians or nearest friends, or, should these neglect to do so, of the mayor of the commune or police authorities, to have him at once examined by a doctor, and measures taken for his care.

A request for the admission of a patient into a lunatic asylum must be sent in writing to the managing committee, accompanied by a certificate from a duly qualified physician, and by written information as to the person for whom entrance into the asylum is desired, issued by the clergyman of the parish, and signed by three persons, relatives if possible of the patient, or trustworthy persons who have seen a good deal of him.

A duly signed agreement to contribute towards the expenses of support of the patient, stating which class he shall be placed in, must also be sent.

The classes are as follows :—

Class 1. Those patients who pay the whole of their expenses, live in a separate part of the establishment, and have a private room and special food.

Class 2. Those patients who are placed in the public part of the building, but whose food, clothing, linen and attendance is paid for.

Class 3. Patients placed with class 2, but whose family are unable to pay the fees of that class, or are able to pay for the food only.

Any person who is not a lunatic, or any patient who is cured, must be at once discharged.

In the case of a criminal lunatic, the managing committee must submit their opinion to the Government medical authorities, accompanied by a copy of the entries in the daily case-book, and by a

certificate from the principal medical officer as to the patient's actual state of health, and, if discharged, the person must be handed over to the proper authorities.

Pauper patients, well enough to be discharged but scarcely able to undertake work at once, may receive from the managing committee, in money or clothing, the equivalent of one month's maintenance of a patient of the third class.

PRIVATE ASYLUMS.

A private person, or a company wishing to establish a hospital or asylum for insane persons, must obtain permission of the Crown, and send a statement of the estimated number of patients to be received, and a complete plan and description of the projected institution, and, in case of a company, the rules established for that company. The establishment may not be opened until the authorities have inspected and approved it.

A medical man, approved by the medical authorities, must be at its head. He shall be responsible for the care of the patients, and must, as far as possible, follow the same rules as those laid down for State asylums.

On the arrival or departure of a patient he must send in a report within three days to the medical authorities, which must be accompanied by a copy duly attested of the documents containing the reasons for the lunatic being received, in case of an arriving patient.

The establishment must be inspected and controlled by the medical authorities, who have the right to inspect in the same way as is prescribed for hospitals and asylums.

They may, if necessary, insist on the observance of the regulations, inflict a fine on the proprietor and doctor, and send in a report to the Crown, if they think his license ought to be withdrawn.

Complaint in the care or manner of treating any patient is made to the medical authorities, who take any measures necessitated by the circumstances.

If the proprietor of the establishment wishes to dispose of it to another person, the permission of the Crown must first be asked for.

LUNATICS NOT IN ASYLUMS.

Any person who has charge of a lunatic must lay before the rector of the parish, in council, in writing, and communicate to the mayor of the commune, if in the country, or to the proper medical officer, if in a town, a statement of the name, calling, age, and domicile of the said lunatic.

The mayor and the medical officer must see that the lunatic is properly treated, and if this appears not to be the case, they must report it at once to the Government authorities or to the police.

The provincial and district doctors are bound to obtain information as to all lunatics in their district, and report any neglect or want of care of them, and the Government can then have any patient visited by proper doctors, who shall arrange where he is to be placed.

Special inspection of the lunatics can be ordered by the Government medical authorities.

If a private person have more than five lunatics under his charge he must follow the rules as to private lunatic asylums.

LUNACY LEGISLATION IN NORWAY.

No institution for the reception of the insane, whether public or private, can be opened without the permission of the Government, and the special regulations for each asylum must be submitted for the approval of the Government, and every asylum must be under the management of a medical man duly authorised by the Government to undertake the same.

Before a patient can be placed in a lunatic asylum he must be examined by the medical man in charge of that asylum, and an appeal may be made against his decision to the special committee of control under which the said asylum is placed.

The said committee consists of three members nominated by the Government, of which one, at least, must be a duly qualified medical practitioner.

Extracts from the register must be sent by the director of each asylum every three months to the Government medical authorities.

Besides the regular check and supervision exercised by the committee of control, extra inspections can be made from time to time by persons named by the Government as special commissioners for

that purpose and occasion. The powers of the committees of control and of the board of health, acting under the Government and Crown, over all asylums, public and private, are of the widest nature.

SWITZERLAND.

There is no general federal law relating to lunacy matters for this Republic, each of those cantons which possesses a public asylum having its own law on the subject. And as the differences between most of those laws are trifling and unimportant, it is only proposed to notice those of a few of the principal cantons. Twelve of the twenty-two cantons, viz., Lucerne, Fribourg, Soleure, Bâle-Ville, Neuchâtel, Zurich, Berne, St. Gall, Argovie, Thurgovie, Vaud, and Geneva possess public asylums; while in the latter, seven private asylums, some on a large scale, exist also. None of the remaining ten cantons have any asylum at all; but the lunatics from them are sent, under arrangements as to their costs and charges, to the public asylums of neighbouring cantons, or to private asylums.

GENEVA.

In this canton the asylums, both public and private, are under cantonal control. No person can open, or keep, a private asylum without the sanction of the Council of State, any house where even a single patient is kept under restraint and cared for by a person other than a member of his family, being held to be a private asylum. No lunatic can be admitted into an asylum except upon the order of the chief of the department of police. This may be granted upon the application of relations of the patient, or may be issued by the chief of police, *ex officio*. He must, however, in the first place, either personally, or through the president of the commune, or other delegate, admit the patient to an interview. This interview, however, may be dispensed with upon the written recommendation of a doctor of the faculty of Geneva, or other recognised officer of health.

The order remains in force for six months only, but is renewable; and after the third renewal, runs from year to year.

Where the order for admission has been obtained by relations

of the patients, the renewals must be applied for by them ; and such applications must be supported by a recommendation from the doctor in attendance on the patient, or accompanied by the request that a fresh medical examination of his state may be made. Renewals of an order issued *ex officio* by the chief of police must similarly be supported by a written opinion of the doctor, or doctors, in charge, or of their delegates. The chief of police must communicate, within twenty-four hours, to the Procureur-Général all steps of this nature taken by him. Appeals in opposition must be addressed to the College of Syndics, by whom they are referred to an examining committee of three doctors, annually appointed by the Council of State.

A special register must be kept showing the names of the patients, the authority for their admission and detention, the dates of arrival and departure, the nominations of guardians to "interdits" (corresponding to the English term "so found by inquisition"), and of provisional trustees to lunatics not so found.

No patient may be detained in an asylum—

- 1, if the term of his order of admission has expired without renewal ;
- 2, if the Tribunal has annulled the order of admission ;
- 3, if those who placed him there demand his restoration to them ;
- 4, if his medical attendants are of opinion he may properly be released.

But in the last three of these cases, the director of the asylum must give notice six days beforehand to the chief of police. In the event of opposition on his part, the matter is referred to the College of Syndics, who may also take the initiative in releasing a patient.

The chief of police must, twice a year, personally, or through the president of the commune, or other delegate, inspect every asylum. The Procureur-Général also enjoys the right of inspection. No information may be withheld by the proprietors or directors.

When a lunatic placed in an asylum is unprovided with a legally appointed guardian, a provisional trustee may be assigned to him in like manner as in France. This is done at the instance of the chief of police within ten days after the admission of the patient, and on due cause being shown by the director of the asylum. The powers of such a trustee expire upon the release or discharge of a patient.

ZURICH.

No special or distinct regulations exist in respect of the private asylums in this canton.

There are two public asylums, the one at Burghölzi, the other at Rheinau, and, by the Law of 1874, they are expressly subjected to State control.

The Burghölzi Asylum is governed by a regulation of the Council of State of the 22nd November 1879.

The following are the requisitions for the reception of a patient.

1. For all patients :—

- (a) A certificate of origin.
- (b) Security for payment of fees.

2. For patients admitted not at their own request, but upon the application of relations or guardians :—

- (a) A written agreement of the said relations, etc., showing the class (according to means) in which it is desired that the patient should be included.
- (b) A medical certificate of insanity.

3. For patients received on police authority, without regard to the wishes of their relations :—

- (a) A prefectorial minute, declaring the lunatic to be dangerous to public safety, and the absence of other means to ensure his being taken care of.
- (b) A medical certificate to the same effect.

4. For patients brought provisionally to the asylum by the police :—

A written report from the police authorities showing the circumstances of the case, the name of the agent escorting the lunatic, and any information obtainable as to the name and domicile of the latter.

The direction of the asylum decides upon applications for admission, and reports weekly to the Sanitary Department upon every case in which admission is granted.

A patient may be admitted provisionally, even without the usual formalities, if delay appears to be dangerous, but, in every instance,

a medical certificate must be forthcoming, and the other requirements must be complied with within eight days, or the patient must be discharged.

Every patient must be brought to the asylum by a competent guardian, who can report to the doctor upon the case ; where, however, he is brought against his own will and that of his family, a sealed report from the authorities ordering his detention must be delivered at the same time.

The direction has control over all communications between patients and their friends. Information must at all times be furnished to the latter in respect of the patient's condition, and any important changes must be immediately communicated to them.

Patients admitted into the asylum at their own request may leave it when they please ; but should there be danger in this their relations must be warned, and it then becomes their duty to take any steps that may be necessary.

The dismissal of a patient may be ordered by the director :—

- 1, when recovered, wholly or so far as no longer to need nursing in the asylum ;
- 2, when his representatives demand it ; and
- 3, when the quarterly fees, after a certain caution, have not been paid ; but

in the last two cases, if there is danger, and the lunatic is a citizen of the canton, he may be detained, his commune being held responsible for him, and the money may be recovered by them from the family ; or, in case 3, the police may be consulted.

Incurable lunatics are eventually to be passed on to the Rheinau Establishment.

If a lunatic, dangerous to himself or others, escapes from the asylum, the police must take steps to bring him back.

A supervising committee for general purposes is placed over the asylum, to whom the yearly medical and administrative reports are made. The committee consists of the director of the Sanitary Department and four members of the Council of State, and holds monthly meetings in the asylum.

LUCERNE.

This canton possesses no law relating to lunacy. The only regulations in force are those laid down by a decree of the Council of State in 1873 for the public asylum of the canton established at

St. Urban. These regulations are very similar to those in force in the Zurich asylums.

Application for admission must be supported by a medical certificate giving details of the past history and present condition of the patient, and a certificate signed by his nearest relations and also by the chief authority of his commune, testifying to his being generally considered of unsound mind.

The dismissal of a patient rests entirely in the discretion of the director of the asylum.

No private asylums exist in this canton.

BERNE.

In this canton the subject of lunacy is dealt with under two codes of Regulations, the one enacted in 1865 for private asylums ; the other enacted in 1884 for the public asylum of the canton established at Waldaa.

The following are the chief provisions of the Regulations of 1865 :—

No private asylum may be established without the license of the sanitary section of the Cantonal Department of the Interior, and it is indispensable that the applicant for such a license should be a doctor competent to practise in the canton and that his house should be suitable for the purpose in situation and arrangement.

The holder of such a license cannot transfer it, nor can a transfer to other premises be made without the leave of the Department.

The Sanitary Section of the Department provides for the periodical visitation of private asylums.

The following are the requisites for the admission of a lunatic :—

1. A medical certificate testifying to the unsoundness of mind of the patient. The doctor signing this certificate must not be the proprietor of the asylum, nor stand within a certain degree of relationship to him.

2. A written declaration of the next of kin or guardian, to the effect that the patient's admission is wished for.

3. A certificate signed by the pastor and by the mayor of the patient's domicile, giving—

(a) details as to his age, profession, social standing, etc. ;

(*b*) a declaration that his removal to an asylum is within their knowledge.

4. A *visa* of the prefect, certifying :—

(*a*) that the three foregoing documents have been submitted to him ; and

(*b*) that he approves of their tenor or the contrary.

All these documents must, further, be submitted within three days to the prefect of the district within which the asylum is situated.

In cases of urgency, when a patient is received without notice into an asylum, the prefect of the district must be notified of the fact within twenty-four hours, and the requisite documents must be produced within fourteen days.

No patient may be detained after he has been declared cured, except at his own request. Immediate release must be granted when the friends who placed the patient in the asylum demand his restoration to them, if there is no danger involved ; otherwise it must be shown that the police of the commune consent to his being brought there, or that he is to be transferred to another asylum. A journal for each patient must be kept by the director. Infringements of these Regulations by directors are punishable by fines of varying amount, except where heavier penalties are enforceable under the ordinary laws, and a license may be withdrawn should a director lose any of the necessary qualifications or his treatment of the patients be harsh or improper.

Under the Regulations of 1884, applications for admission to the cantonal asylum must be accompanied by two certificates, the one signed by a doctor and setting forth the details of the mental condition of the patient ; the other by the pastor, the President of the commune, and the next of kin or guardians, giving all other information as to the patient.

VAUD (WAADT).

In this canton both private and public asylums exist, the former being governed by a Regulation passed in 1860, the latter by one passed in 1862.

Under the Regulations of 1860, the proprietor, director, or manager of a private asylum must be a physician. Patients can only be admitted after exhibition to the prefect of the following documents :—

- (a) A medical certificate drawn up and signed by a licensed physician personally known to the magistrate.
- (b) The "acte d'origine" of the patient.
- (c) The petition signed by the members of his or her family claiming admittance.

Whenever the petition for admission comes from the manager or director himself, the medical certificate must be given by a physician unconnected with the asylum.

Once at least every year the Chief of the Department of the Interior, in the company of the official presiding over the section of Sanitary Police, visits each private asylum, inspects the books and registers, examines the premises, and investigates the condition of the patients, concerning whom the director is bound to answer any questions put to him by the official visitors. In addition to these visits the chief of the section of Sanitary Police may at any time make an inspection.

The Regulation of 1862 for public is the same as that for private asylums, with the exception that as regards admission, in addition to the documents mentioned, a decision of the Council of State taken upon the recommendation of the chief medical officer attached to the Sanitary Police is required.

THE UNITED STATES OF AMERICA.

There is no general law or code of laws with regard to lunacy in this country. Each State possesses its own body of laws on the subject, varying in scope and volume from the rudimentary regulations of the territory of Arizona to the elaborate and comprehensive codes of Pennsylvania and New York. To treat each of the forty-seven States separately would hardly tend, in the long-run, to elucidate matters, and would, probably, result only in confusing and perplexing the reader. A brief summary, therefore, is all that will be attempted here.

All the northern and middle States—Connecticut, Delaware, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Missouri, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, and Wisconsin, besides California and Louisiana—nineteen States—possess both public and private asylums. The southern

and western States and Territories—Alabama, Arkansas, Colorado, Dakota, Florida, Georgia, Indiana, Kansas, Minnesota, Mississippi, Nebraska, Nevada, North Carolina, Oregon, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, and the District of Columbia, besides the two small New England States of New Hampshire and New Jersey—possess one public asylum each, but no private asylum; and the sub-group of the Territories of Arizona, Idaho, Montana, New Mexico, and Wyoming, do not possess insane asylums of any kind, making a total of twenty-eight States and Territories.

The legislation respecting private asylums is scanty, the general tendency being to leave them almost untouched. In only a few States (e.g., Massachusetts, New York, and Pennsylvania), are there special regulations for the granting of licenses, for defining the class of persons by whom such asylums may be kept, or the persons who may be detained in them.

The special provisions for the control of private asylums consist, mostly, in a provision for re-hearing lunacy cases in open court, on the application of a friend or relative,—the writ of *habeas corpus*; and in a few States there are penalties enacted for improper treatment of, or cruelty to, patients.

A great distinction is drawn in many States between paying and non-paying patients. The former must in all cases produce, through their friends, security for their maintenance, but the inquiry is less strict, and a medical certificate is generally sufficient without the investigation in open court required for non-paying patients.

Most of the States make legal provision for the appointment of a guardian of the person and property of any lunatic found at large, and he is made responsible for his maintenance. The illegal detention of individuals is a misdemeanour, and great prominence is given to medical evidence and physicians' certificates.

Special provision for the supervision and control of private houses has been rarely made, but they have no rights of detention or authority which do not attach to private boarding-houses. The inmates may come and go as they please, unless they are absolutely dangerous to the community, and the onus of proving this rests upon the proprietors. Wrongful detention, cruel treatment of an insane person at home or elsewhere, can be prevented and punished.

By the writ of *habeas corpus* an insane person, unlawfully detained or inhumanly treated, can be released from his confinement and sent to an asylum where he will be under the supervision of the Lunacy

Board; and, by affidavit, and warrant of arrest, the offending parties can be punished. The Lunacy Board or any private citizen can invoke these laws.

The State or public asylums have their organisation, management and inspectors elaborately provided for in detail under direct State control. Numerous and detailed provisions are made to prevent overcrowding, and the milder cases have in course of time to make room for the more violent, and the chronic for the acute.

The medical certificate of one or two physicians, the proceedings in insanity, the writ of *habeas corpus*, the inspection (in many States) by an independent Commissioner or Board, and the power of appeal, are the principal safeguards against abuse and wrongful detention.

The Boards of Managers, Directors, Regents or Supervisors, as they are variously called, are frequently composed of certain officials of the State Government, together with other members periodically re-elected. They appoint the officers, supervise the working and regulate the organisation of the State asylums, but in most cases the superintendent (appointed by them) controls the details of the establishment.

The legislation respecting the criminal insane is of a more uniform character throughout the United States. It is almost everywhere provided that the accused persons tried before a court, if found insane, are removed to the asylum, and convicts undergoing sentence are likewise so removed during insanity or expiry of sentence. However, in some States, accused persons becoming insane are discharged from custody. Generally speaking, prisoners charged with capital offences who are or who become insane and afterwards recover their reason, become once more subject to the death penalty; but in some cases the language of the Act admits of the more merciful interpretation. And in Massachusetts, persons accused of murder but not tried, being found insane, are sent to an asylum for life.





CHAPTER XV.

ASYLUM NURSING, NURSES, AND THE TRAINING OF ATTENDANTS FOR THE INSANE.

HISTORICAL.



HERE is not very much to be said on the historical side concerning the training of attendants on the insane. This is not a little remarkable, because, so long ago as A.D. 1645, Madame LeGras undertook the care and nursing of the insane at the Petites Maisons asylum in France, through the agency of the Order of St. Vincent de Paul, of which she was the Superior. The Petites Maisons, though generally supposed to be an asylum open to all lunatics, was, in reality, nothing of the kind. It only contained fifty beds, there being but forty-four inmates in 1786, who paid an annual sum of three hundred francs each, such payments being increased to four hundred francs per patient in 1795. As already stated, there was only one asylum in France devoted entirely to mental cases up to the commencement of the present century. That asylum has since been developed into the establishment at Charenton. It is not a little to the credit of Madame Le Gras, however, that the Petites Maisons is said to have been a notable exception amongst all continental institutions, inasmuch as it was always famed for the kind and considerate treatment which the inmates received from their attendants. Madame Le Gras's last efforts were made on behalf of the insane, and it was at the unanimous request of the Bureau des Pauvres that she undertook the care of the asylum of the Petites Maisons in 1645. She had been much impressed with the enormous advantages which had resulted to the sick, owing to the nurses being supplied by the Order of St. Vincent de Paul, and being all specially trained for the work under

Madame Le Gras's direction. The work progressed and extended year by year until, in 1801, despite the previous orders of the Minister of the Interior, dated October 1790 and August 1792, suppressing corporations, the Consular Government gave a legal recognition to the whole Order. This friendly decree sets forth that Citoyenne Duleau, formerly Superior to the Sisters of Charity, is authorised to educate girls for the care of the sick in hospitals. She is endowed with power to associate herself with persons whom she considers as likely to ensure the success of the institution, and to select pupils whom she looks upon as suited to the work ; a special house in the Rue du Vieux Colombier was granted as a central bureau, and the government agreed to grant a pension of three hundred francs each to such nurses as were superannuated, should they be known to be in positive destitution. In three years the Superior collected two hundred additional sisters ; and when Sœur Duleau died, on January 30th, 1804, at the age of 76, she had spent fifty-seven years in serving the poor in this and similar work. At the time of her death there were two hundred and fifty asylums and hospitals under the care of these Sisters of St. Vincent de Paul, and their number has continually increased since, so that in 1855 they amounted to nearly twelve thousand, and at the present time they must be even more numerous still. Their work has not been confined to one country. They are to be found scattered over France, Poland, Galicia, Prussia, Spain, Italy, Belgium, Germany, Switzerland, the United States of America, in Constantinople, Smyrna, Alexandria, Algiers, and elsewhere.

It is noteworthy that, from the date when the Sisters received legal recognition as nurses, the justice and necessity of providing them with superannuation allowances, when broken down by sickness, or rendered unfit for work by old age, was recognised and acted upon. It will be seen that much of the difficulty attaching to the selection and training of the attendants on the insane has arisen from inadequate wages and an absence of suitable retiring allowances. We have stated, in a former chapter, that Sisterhoods, on the whole, have not been successful in their treatment of the insane, seeing that where asylums are in the hands of Sisters mechanical restraint is resorted to to a much greater extent than elsewhere. Still, the Sisters of St. Vincent de Paul have set an excellent example, and may be regarded as a bright exception, because, so far as France is concerned, having

regard to the history of Charenton, their nursing of the insane proved so excellent as to be altogether remarkable in the earlier centuries, when they commenced to work.

Pinel (1790), the Apostle of Light and Liberty so far as the insane are concerned, was much exercised in his mind as to the best method of providing suitable attendants in asylums. He it was who established the "Filles de Service", consisting of convalescent patients who were either cured of their ailment or only subject to relapse at rare intervals. Esquirol (1810) continued the practice after Pinel's retirement: but, although it is said to still prevail in some continental asylums, notably in Holland, the system fell into deserved disrepute, and has now nearly disappeared. In England, William Tuke, a contemporary of Pinel, introduced an intelligent system of treatment at the Retreat of the Society of Friends at York, the establishment of which constitutes in the history of insanity a landmark which can never be eliminated. Tuke managed to secure the right kind of attendants, and to enforce the best methods of treatment combined with kindness and consideration for the inmates, so that his institution has deservedly been regarded as a model to be followed. The establishment of the York Retreat had an enormous influence ultimately upon the treatment of lunatics in this country—a fact full of encouragement to those who, despite all obstacles, strive to introduce necessary reforms into public institutions when the best informed and most intelligent Superintendents are convinced of the necessity, as in the case of the question of establishing training-schools for attendants in connection with all the chief asylums throughout the world.

In 1825 Dr. Maximilian Jacobi was appointed superintendent of the asylum at Siegbourg in Rhenish Prussia, and in 1834 he published his famous treatise on the insane, which shows that he, as well as Dr. H. Tuke, who translated his works in 1841, was fully impressed with the necessity of securing an intelligent and sympathetic attendance for the insane if the maximum of good was to result from any system of treatment which the superintendents might adopt. The opinions expressed by these humane alienists led to a wide discussion, which resulted in the abolition of mechanical restraint at Lincoln in 1837 by Gardiner Hill, and induced Dr. John Conolly to follow a similar course at Hanwell Asylum in 1839. Conolly's writings and William Tuke's example contributed probably more than almost anything else to a general agreement

as to the desirability of reforms in the directions indicated, though unfortunately the practical results were small, if not inappreciable. Up to 1854, despite the writings of the leaders already referred to, and the publications of books relating to the teaching and duties of attendants on the insane, by Dr. Conolly, Dr. Woodward, and others, no practical attempt was made to teach and train asylum attendants, either in this country or in America. Mr. Browne, F.R.C.S., of the Crichton Institution, Dumfries, made the first practical attempt in this direction in 1854, but his efforts do not appear to have been successful, having regard to the sentiments he expressed in his pamphlet, quoted later, which was not published until 1866.

In 1873 Dr. Cowles tentatively commenced to prepare for the introduction of a system of training for attendants on the insane at the McLean Asylum, Massachusetts, which is fully described later. In 1876 Dr. Clouston, of Morningside, read an exhaustive paper on the question of "getting, training, and retaining the services of good asylum attendants" before the annual meeting of the Medico-Psychological Society of Great Britain, which was reprinted in the *Quarterly Journal of Mental Science* for October 1876. This paper may be regarded as the first practical attempt to awaken and fix the attention of those engaged in the treatment of the insane to the absolute necessity for the introduction of reforms in the directions indicated in the title of the paper. In 1882 Dr. Clouston organised a system of training for attendants in the female hospital at Morningside. In 1884 Dr. Campbell Clark, who had formerly been assistant physician to the Royal Edinburgh Asylum, published in the *Journal of Mental Science* for January of that year an interesting account of the system of training attendants which he had introduced at the Glasgow District Asylum. In his report for 1889 Dr. Clark reports favourably upon the working of this system. In 1885 were published two books, which may be mentioned as showing the gradual growth of opinion on this question—"The Handbook for Attendants," published by the Medico-Psychological Association (London: Baillière, Tindall and Cox), and "A Manual on the Care and Treatment of the Insane", published in New South Wales, and favourably mentioned by the Government Inspector.

Finally, we desire to direct attention to an interesting sketch entitled, "Nursing or Training Schools for Nurses," in Dr. Hack Tuke's "Dictionary of Psychological Medicine", now in the Press,

which he has courteously allowed us to peruse, and from which we have derived some of the facts given in this chapter.

FLORENCE NIGHTINGALE AND THE TRAINING OF
ATTENDANTS.

To complete the historical account of this subject it is necessary to go back to 1836 in order to trace the effects of the system established by Pastor Fliedner at Kaiserswerth, near Dusseldorf. Kaiserswerth will always be famous in history as the place where Florence Nightingale first gained her practical experience in nursing. It is interesting to note that, in 1849, Florence Nightingale commenced her training at Kaiserswerth, where she appears to have remained for less than two years, during which time she learned most of the sound principles which she was afterwards enabled to put into practice, first in the military hospitals, and subsequently at St. Thomas's in connection with the Nightingale School, which have resulted in a revolution of the old methods of nursing the sick throughout the civilised world. The interest consists in the fact that Pastor Fliedner appears to have been the first person to realise that practical training in every branch of sickness was essential if a nurse was ever to become thoroughly trained, and so enabled to confer the maximum of benefit upon the patients committed to her charge. In Miss Nightingale's time Kaiserswerth consisted of a hospital ; an orphan school for the daughters of clergymen, for infant and day scholars ; a seminary or normal school for school mistresses, nursery and other governesses ; and a penitentiary for released female prisoners and magdalens. Every probationer had to go through a practical course of instruction in each of these branch institutions during her term of probation of from one to three years, except the seminary, which was confined to those who intended to become Instructing Deaconesses. After Miss Nightingale left Kaiserswerth, Pastor Fliedner became impressed with the importance of training probationers as attendants upon the insane, and in 1852 he established a lunatic asylum for females only, to enable him to have the necessary material to adequately fulfil this useful purpose. So far as we have been able to trace the facts Florence Nightingale does not appear to have devoted any portion of her time to an endeavour to direct attention to the necessity of securing adequate nursing and treatment for the insane in our lunatic asylums. This

may be due, and probably is due, to the circumstance that Pastor Fliedner had not included this branch of work in his system at Kaiserswerth at the time she was a probationer under his instruction. Had he done so there can be little doubt that great results might have followed from her advocacy of reforms, which, though admitted by the more intelligent superintendents to be necessary, still lag behind because of the difficulties in the way of their enforcement,—prejudice, increased expenditure, the mental attitude of the mass of the public, who regarded lunatics, if not as wild beasts, at any rate as incurable and hopeless cases, and the existence of a set of attendants who, however unsuited for the work, were still factors in the situation, which it was difficult to eliminate unless or until a crusade was instituted by an enthusiastic reformer backed by public opinion and sympathy. All honour to Florence Nightingale for what she has done for the nursing of the sick in the hospitals all over the civilised world, but all honour, too, to Pastor Fliedner, her teacher and mentor, who not only had the wisdom to fire her imagination, and to back her enthusiasm by practical training of the first importance, but who himself saw the necessity for a radical change in the system, or want of system, which had permitted a state of things to exist in asylums all the world over which left the inmates without proper or adequate, or even kindly treatment, from those who nominally filled the office of attendants and nurses.

INTRODUCTORY CONSIDERATIONS.

Those who have studied the rise, progress, and development of hospital nursing must have been struck by the slowness of growth at the commencement which characterised this movement. No doubt hospital nursing is now progressing by leaps and bounds. Thirty-five years ago it was, as at present understood, practically unknown in this country; twenty-five years ago it was an oasis of endeavour in a desert of ignorance and neglect; even ten years ago very many institutions, though nominally adopting the modern system of nursing, paid little regard to the accommodation, training, food and surroundings of the nurses they employed. During the last five years all this has been changed, and we are now threatened with such prodigality and enthusiasm that nurses may suffer serious injury from becoming a pampered class.

It is well to bear these facts in mind in dealing with the nursing of

and attendance on the insane in public institutions. Asylum nursing is passing through stages somewhat similar to those marking the development of hospital nursing. It has reached the oasis of endeavour, or rather the oases—seeing that Dr. Cowles of the Mc-Lean Asylum, Massachusetts, and Dr. Clark at the Glasgow District Asylum, Bothwell, are both striving to make the training of attendants and nurses for the insane a practical success. These endeavours will be fully dealt with later on. The reception they have met with in the profession goes a long way to prove that the older order of medical superintendents do not for the most part believe in training nurses for asylum purposes. This feeling is only a repetition of the prejudices with regard to the training of attendants which beset the early trainers of nurses, not only in this country but elsewhere.

The general idea of these superintendents seems to be that each asylum should select its own staff, and that its arrangements should be such that they will enable the authorities to retain the services of all the members who are really efficient. If any one of them leaves the asylum, the staff of which they first join, except by way of promotion with the full consent of the superintendent, it is maintained that under no circumstances should he or she procure asylum work elsewhere. These ideas may be based upon experience, but they seem to point to a non-appreciation of the means of getting the highest possible class of service ; that is to say, the best type of individual who, by education, training and inclination, is calculated not only to endure but to like the work, disagreeable though it be in many of its aspects. Other superintendents, again, whilst they think that everything should be taught which would enable an attendant to do well what an attendant is called on to do, yet have a strong objection to lectures, and indeed to the “Handbook for the Instruction of Attendants on the Insane,” prepared by a sub-committee of the Psychological Society. And this on the ground that a smattering of knowledge bearing on duties which are outside the province of an attendant can only prove harmful in practice.

They maintain, too, that the “Handbook” is far too much an attempt to make psychologists and physicians of the attendants, because the substance of it is the kind of little learning which is dangerous. Notwithstanding these views, several superintendents in England and Scotland have made arrangements for the delivery of a more or less systematic course of lectures to the attendants of

both sexes. Several consider it to be a good thing to have a trained nurse in charge of the asylum hospital, and for the head attendant to have some training as an ordinary nurse. Every attendant when he is first engaged should be made to pass a probationary period in the asylum hospital before undertaking duty in the ordinary wards of the asylum.

Finally, there is a general consensus of opinion in support of the view that the remuneration and the comforts of the attendants should be increased, so that men and women of an exceptionally high character and intelligence may be brought into the service. The hours during which attendants are kept on duty are too long. It is the general feeling that no attempt should be made to get ladies and gentlemen, *i.e.*, persons with gentle up-bringing, as attendants, because they would never be induced to perform many of the duties required of an attendant in a pauper asylum, and they would be out of sympathy with the tastes of the patients. Even in asylums for the better class of patients the duties of attendants must often comprise many details of a menial character. Hence in the latter institutions the practice is increasing of engaging a new order of assistants, entitled companion attendants, who are drawn from the same social class as the patients, and who are constantly in the wards, where they devote themselves to the amusement and companionship of the inmates.

Thus Dr. Batty Tuke finds it advantageous to have a lady companion employed in association with the gentlemen of his private asylum; Dr. Clouston, of Morningside, has a similar arrangement at Craig House; and Dr. Philipps, Virginia Water, has adopted a similar system, of which he speaks favourably. Such a system is distinctly in advance of that which employs the wives of attendants, as at the West Riding Asylum and at Cheadle in England, in the ordinary care of asylum wards; or of another practice, to be met with at St. Andrew's, Northampton, and at the County Asylum, Whittingham, where the custom is to employ attendants' wives on the male side of the hospital as bed-makers.

There is another aspect of this question which is interesting at the moment. A careful study of foreign asylums and their system brings out clearly the fact that where the management of the insane has been left to sisterhoods there you will find the maximum of restraint. On the other hand, a movement is springing up in America which aims at introducing, in the male as well as in the female wards, women nurses as attendants.

THE FACTORS WHICH TENDED TO PERPETUATE
UNSUITABLE ATTENDANTS.

A very able paper on the subject of sisterhoods and asylums, by Mr. W. A. F. Browne, then a Commissioner in Lunacy for Scotland, an eloquent writer on lunacy subjects, was published by Adlard, London, in 1866. Mr. Browne argues from the standpoint that it is essential to the well-being and recovery of mental cases that they shall be under the charge of good attendants. He contends, and supports his contention by unassailable evidence, that the whole asylum system at the period at which he wrote (and our researches go to show that the same state of things widely prevailed in this country until about ten years ago), with a few notable exceptions, was rendered futile, ineffective, and disgraceful by the inefficiency of the attendants, who exhibited a marvellous want of self-control, common sense, and co-operation in the discharge of their duties. Mr. Browne writes:—"We believe that, could the physicians and medical superintendents in this country be asked—(1) What is the chief impediment to the successful management of the institutions committed to your charge? (2) What is your grand and ceaseless source of anxiety and alarm? (3) What obstructs, mars, subverts therapeutical and moral treatment, and the plainest dictates of humanity?—they would unanimously answer that these obstacles consist in the inefficiency of their instruments. They would, doubtless, speak of some noble exceptions to this sweeping censure; they could point to individuals who loved their charges as children, whose judgment and fidelity and unselfishness were unimpeachable, beyond praise or price. But they would add that these had been selected from hundreds who had, in the course of years, run a moral gauntlet, the vast majority of whom had been tried and had been found deplorably wanting; and that these had been moulded, trained, made by surrounding circumstances and influences. They would describe the mass as coarse, harsh, passionate, indifferent, untrustworthy, intemperate; as having no higher conception of their office than as that of gaoler, no clearer estimate of their duty than what obtained in the days of Esquirol—'at all hazards and by all means to keep the lunatics quiet'—and as having no better or kinder or more humane bond with them than that of watching and warding and ruling them. The

medical superintendents would confess that they commenced their professional career with fervent confidence that their staff would participate in the execution of their plans, if not with their own ardour and enthusiasm—would be educable into intelligent and sympathising companions and guides; and that experience had taught them to be content with such qualities as forbearance, sobriety, and mechanical obedience to rule.”

That the picture here drawn by Mr. Browne is neither far-fetched nor inaccurate may be gathered from the following extract from the Thirteenth Report of the Commissioners in Lunacy (1859), p. 63 :—“ The major part of the complaints which proceed from patients have reference to the conduct of attendants. That these are not always founded on fact we are well disposed to believe. But they are sometimes literally true, and they have, in most instances, some origin in grossness of behaviour, or in undue exercise of authority on the attendants’ part. It is therefore that we have thought it our duty to make numerous inquiries and repeated investigations into this subject, and to recommend that no care or expense should be spared to ensure good and competent servants for the patients in every establishment. Having made ourselves acquainted with the rates of remuneration usually paid to them, we have very frequently suggested a considerable increase of wages, and that such wages should be on a gradually ascending scale, as the best mode of obtaining the services of competent persons, and of insuring the continuance of such as were already secured.”

“ This,” says Mr. Browne, “ is an important consideration. We hold that even the mediocre guardian is underpaid; but it is worthy of inquiry what amount of compensation may be expected to effect the purpose in view. Let it be supposed that the pecuniary payment were doubled, and the rations and privileges largely augmented, and thus raised to an equality with those enjoyed by a clerk or skilled artisan. We have no reason to conclude that this measure would tempt those in possession of such, or even of lower allowances, to seek employment in an asylum; or, supposing that it did so, that the deserters would possess much higher properties than those whom they supplanted. Such a process might secure better cooks or coachmen, but it is doubtful whether you can buy good tempers and tact and discretion; or, if purchased, whether they might not be soured and spoiled and changed by the trials and strain to which they must be subjected. Practically,

it has been ascertained that highly salaried attendants are not more efficient than those who receive the current rate of wages. It is not merely better servants that are desiderated, although such would be invaluable, but it is better regulated minds and dispositions; and unless these be under the regulation of conscience or a creed, religious impressions or a system, reliance cannot be extended towards them, nor can they be regarded as adequate exponents and agents of the scientific and wise and well-founded beneficence which the medical profession has at its disposal. In fact, the moral treatment of the insane must remain a mockery and a deception and a failure until art has its artisans, and until the Utopia of Pinel and Conolly has been realised. Let us picture for a moment the absurdity of presenting a calming and composing draught to a restless excited creature, who has been intimidated, baited, bullied, all day; or of admonishing for irritability of temper where the provocations came from the patient's guardian and adviser; or of encouraging confidence and hope and industry in one dreading the shower-bath, or seclusion, or insult, or who has been told he is, and treated as, an 'incurable, useless, drivelling idiot'!"

It must not be supposed from the foregoing statement that the more intelligent of the medical superintendents of asylums in these days were indifferent or asleep. To them the inferiority of the attendants, and the anxiety which it caused them individually, and the misery which resulted to the patients from their incapacity, were very real and urgent matters which continually occupied their anxious consideration. They were fully alive to the fact, as the Commissioners in Lunacy declare on p. 55 of their Fifteenth Report (1861), that "nothing in connection with the treatment of the insane has a more direct and immediate effect, for good or ill, upon their condition and comfort, than the fact of their being under the charge of good or bad attendants". Unfortunately all attempts to find the right material out of which to make good attendants seem to have signally failed. Mr. Browne gives the following melancholly but amusing account of the efforts of a medical superintendent in search of reform, who was grey in the service at the time he wrote. This medical superintendent, "horried by the brutal and illiterate instruments through whom he was expected to act, curatively, upon the moral nature of his patients, recruited his staff with self-taught individuals, readers, members of mechanics' institutions. Philosophers proved to be as harsh and

slovenly and more dogmatic and opinionated than clod-hoppers." Our medical superintendent next tried pensioned soldiers, "whose acquaintance with discipline, order, and personal neatness, offered promising elements ; but subordination to superiors does not extinguish a tyrannical spirit, and a smart exterior may conceal an insatiable thirst for stimulants. He next sought assistants amongst teetotallers ; but the self-imposed virtue of abstinence, excellent in itself, afforded no guarantee against the other evil tendencies to which uncultivated minds are heir to." Our superintendent lastly "required a communion, or membership, with the church to which the applicant professed to belong, as affording a certain amount of security ; but even clergymen warned him that such a test would prove fallacious and unsatisfactory."

The reasons for these failures are not far to seek, for, as Mr. Browne points out, they take place in individuals "who have been drawn from that large body who covet the luxuries of life without its labours, or, what is luxury to them, good food and raiment and an easy, loitering employment, in which the unscrupulous may make long intervals of rest or vacation alternate with brief periods of activity and worry, who economise physical exertion, and rarely attempt to acquire the moral influence which is won by kindness and judgment. They are the lazy-bodies, the rejected, the outcasts of other trades. Men with saleable qualities, experts in their own business, of a delicate or refined appreciation, are repelled from such an occupation by the low rate of remuneration, and by the painful and disgusting nature of much of what they are called upon to perform.

"It should not be concealed that the office of attendant upon the insane when conscientiously carried out imposes not only a grave and harassing responsibility, but many sacrifices, some dangers, and duties in themselves offensive or even revolting, and which might be regarded as degrading were they not sanctified by being duties necessary to the health and happiness and reason of our fellow-beings.

"It is likewise clear that an urgent motive is required to induce suitable candidates to enter upon such an engagement ; and we know of none save the feeling of preference which enters certain minds, and is accepted, and is sometimes rightly accepted, as a special call, and a sense of religious duty which is sufficiently powerful and enduring to sustain the guardian and to secure justice to the ward.

"There is no ground for surprise that those who enter upon such

a service in the same spirit and with the same object as they would become tailors or troopers, who resort to it because they are not strong enough, or active enough, or inclined to do anything else, who come from the stable yard, or a washing tub, or a marching regiment, should bring with them the habits and peculiarities of their original calling, and should signally fail equally as a domestic and as a ruler. It is true that much of success in such cases depends upon individual character, and that a warm heart, a well-balanced reason, and a well-ordered life, are materials which may constitute a nature-made, but heaven-sent, attendant; or out of which such an officer may be formed by the very call upon his sympathies, and by the work which he is required to do. But, like genius, so rare is this gift, or combination of gifts, that it would be rash and must inevitably lead to disappointment to trust to such a course of training for a sufficient and suitable supply of hospitallers."

We have ventured to quote Mr. Browne at length, because he has put in forcible language truths which most medical superintendents recognise and realise the force of. It is of the first importance that everybody engaged in the treatment of the insane should frankly recognise that the old system, or want of system, in regard to the selection and skilled training of attendants for the insane has on the whole lamentably failed. The causes of the failure are plainly stated both by Mr. Browne and by the Lunacy Commissioners in the Reports which we have quoted. That the condition of affairs had not improved is clearly shown by the remarks of the Commissioners in Lunacy, in their Thirty-fourth Report, p. 121, and in their circular letter given in the Appendix of that report. We have further seen, from the history of the subject given at the commencement of this chapter, that until 1880 and even later, little or nothing was done of a practical character beyond the delivery of a few courses of lectures here and there, or the publication, at long intervals, of a book or pamphlet by one of the better known writers on lunacy subjects. The year 1880 and the preceding decade may be regarded as fruitful in making the introduction of the wiser and better system possible. Between 1870 and 1880, a material improvement took place in the construction of asylums, by the introduction of a system of infirmary wards. These wards enabled a better classification to be made of the cases, and so supplied materials for the instruction and training of attendants under suitable conditions, the absence of which in the past had, no doubt, done much to prevent the introduction of radical though much-needed reforms.

At any rate the last decade has seen a considerable advance in efficiency all along the line, and there is now reason to hope that if a modification in the initial training of the assistant medical officers, and so gradually of the superintendents of asylums, is secured, then the system of training introduced by Dr. Cowles at the McLean Asylum, Massachusetts, will not only cease to be regarded as a dangerous experiment, but it, or some modification of it, will become the universal system, to the no small advantage and security of mental cases all the world over.

DR. CLOUSTON'S CRUSADE.

We have little doubt that the introduction of the infirmary ward had something to do with the decision which led Dr. Clouston to prepare his excellent monograph, already alluded to, on good asylum attendants. He points out, with great force and truth, that the changes amongst attendants, including voluntary resignations and dismissals, amounted in Scotland to nearly three out of every five employed each year, and that the length of service of each attendant was, on an average, less than two years. Although there were no accurate data available on this point in relation to English asylums, Dr. Clouston's experience led him to the conclusion that attendants remain longer in the service in Scotch asylums than they do in English. Consequently, the changes were even more frequent in the case of English asylums, and, if so, they would exceed three changes for every five attendants employed in every asylum each year. He found it to be the general experience that new *employés* had, as a rule, never been in asylums before, and that they were therefore totally inexperienced in the management of the insane. Further testimony is equally strong, and almost as unanimous, that this raw material, out of which the medical superintendents have to endeavour to make attendants on the insane, is most difficult to get good. Such a state of things was most unsatisfactory to those who had the management of asylums, as well as most detrimental to the insane. Dr. Clouston truly states that such a system "interfered with the comfort and happiness of some of the patients, prolonged the malady of others, prevented the recovery of a number, and caused risk to the lives of not a few. I should not much exaggerate if I said that this attendant question is at present the question of questions to many of us at the head of asylums." He then pro-

ceeds, in an eloquent passage, to sum up the ideal attendant as follows :—

“Which of us would not feel a burden lifted off us, and sleep more soundly at night, if we could think that our patients were all under the care of experienced, intelligent, and trustworthy attendants? Would not the absence of that suspicion with which we instinctively go round our wards, sweeten our lives and liberate more energy and sympathy in doing our daily medical work? If we could see in each of our attendants a well-principled person, intelligent enough to understand the reason of his rules, and the unreason of his patients; with sense of duty enough to make him do his work as well when we are away as when we are looking on; with vigour of mind enough to compel the respect of his fellow-attendants and his patients; with tact and temper enough to get on smoothly and have his own way with them, too; with kindness of heart enough to put himself in the position of his patients at times; with self-control enough never to do more than blow some of them up when they needed it; with observation enough to see and report the changes in their mental and bodily state to the doctor; with adaptability enough to cheer up the depressed and curb the excited in the same breath; and, finally, with physique and health strong, with a gracious presence, and a pleasant sympathetic manner—if each of us could see all this embodied in each of his attendants, should we not feel as if it were an easy thing to manage an asylum, and not so sad a thing, after all, to be insane? As I try to realise the ideal asylum with such attendants, it seems, indeed, one of the highest embodiments of human philanthropy. Alas! I fear such an institution is far removed from those over which we preside.”

We have quoted the foregoing passage because it must convince the most sceptical that the ideal attendant is, after all, though difficult, not impossible to find. Our author shows convincingly that the work is one which should attract the earnest and best sympathies of many devoted persons who desire to find a field where they can minister to suffering humanity effectively, and labour devotedly to alleviate the lot of many poor sufferers less fortunately circumstanced than themselves. It is, of course, only just that the lot of the asylum attendants shall be made as comfortable, as healthy, as happy, and as remunerative as it reasonably may be. To grudge a few pounds a year, or the granting of special privileges and comforts, to a class of people who discharge such useful duties,

in the interests of the public as well as of the sick, as an ideal asylum attendant should perform, would, indeed, be a reflection upon our day and generation. Surely the best instincts of the race must be aroused when the facts are plainly stated; and so we shall find in Great Britain, at any rate, that every county asylum will soon possess, as they are gradually coming to possess, a staff of male and female attendants so devoted, so efficient, and so sympathetically conscientious in the discharge of their duties, that the best of medical superintendents, who have a knowledge of the former system, must feel that in the altered circumstances it is, on the whole, with such attendants, "an easy thing to manage an asylum, and not so sad a thing, after all, to be insane."

Be this as it may, we must not lose sight of the fact that, so recently as ten years ago, the class of attendants to be met with in many asylums was such as to call forth from an authority of the experience of Dr. Clouston words like those we have quoted, which prove to demonstration that the condition of our asylums, despite the enormous improvements which have been introduced, still left very much which needed alteration and redress. We are most anxious to do justice to every good attendant and to every medical superintendent who has laboured to build up an efficient system of administration in connection with the asylum for which he is responsible. We are fully aware, and we thankfully record our experience, that in very many asylums the attendants, both male and female, are excellent, and that in their hands the lot of the insane is not one to excite any other feeling than one of thankfulness that it should be possible to surround the mentally infirm with comforts and conditions so admirable in all respects. Still, when everything has been said that can be said with justice in praise of all that is good in the best administered asylums to be found anywhere in the civilised world, every thoughtful person who has adequate knowledge must realise that in very many instances reforms in the direction indicated by Dr. Clouston are not only desirable, but necessary, if due regard be had to the honour of the public and the welfare of the inmates of asylums.

It is so easy to take a pessimist's view, and to say that it is impossible to do what Dr. Cowles has done at the McLean Asylum; to point out that a school for asylum attendants means an alteration of the system so radical as to be dangerous; to urge that the increased responsibility and work thrown upon the medical superintendent and his assistants, and the general excitement caused by

the new methods, and possibly by the new men and women, will all tend to disorganise and disarrange. Such arguments will, however, be rejected by those managers of asylums who take an intelligent interest in the discharge of their public duties. As all must admit who study the work accomplished by Dr. Cowles, a system like his not only tends to increase the number of recoveries and to prevent any but the most kind and considerate treatment being extended to the inmates of an asylum, but it, at the same time, provides the public with an army of efficient nurses, and must ultimately produce a lessened expenditure, because these schools, if rightly administered, will no doubt produce an income, as has proved to be the case in connection with the Nurse Training Schools attached to the hospitals. We, therefore, venture to urge everybody associated with the administration of our large asylums to consider this question very earnestly, and then we have no doubt that there will be a general advance which must ultimately result in the introduction to every asylum of a staff of trained attendants so efficient, so conscientious, so sympathetic, and so capable, that our asylums will become models of what they ought to be; and so the next generation will regard them as monuments of the intelligence and humanity of those who first provided them.

EXISTING EVILS.

Dr. Clouston wisely deals at length with causes which have led to most of the existing evils connected with the attendants on the insane. He points out the difficulty which arises in making a wise selection initially when a vacancy in the staff has to be filled up. He urges that it is quite in accordance with experience to find a very uneducated person, the son or daughter of a poor cottager, turn out an excellent attendant, whilst a smart, intelligent, educated, bright-looking young man proves quite useless in the wards. Or, take another instance, where a well-brought-up, educated girl fails entirely with a lady patient, when one who had joined the asylum service as scullery-maid succeeded to perfection. It is so also with regard to age. A woman of forty may make an excellent attendant, and so may a girl of sixteen. So it follows that persons of different stations, characters, educations, experiences, and ages, would all make good attendants, and hence the field of choice is very wide. At the present time the asylum service is not profitable, because the wages are inadequate, the hours are long, the comforts and special advantages few, and there is an absence of adequate

provision for granting retiring allowances and pensions.* No man or woman should be permitted to enter upon so laborious a service as that involved in the proper discharge of the duties of an asylum attendant unless such service offers a fairly liberal pecuniary prospect, with exceptional comforts and surroundings.

It is generally admitted that, in pauper asylums especially, the best raw material is afforded, in the case of men, by the class of farm servants fresh from the country, and in that of women in the highest class of domestic servants. If the best of these two classes could be induced to offer themselves for the asylum service the staff of county asylums would leave little to be desired. At the time Dr. Clouston wrote the higher class of domestic servants regarded this special work as *infra dig.*, so that he declared the persons who offered themselves for the post of asylum attendant were usually "the sort of men who are too idle to work hard, and the sort of women who go as servants to hotels and lodging-houses". His remedy, like that of the Lunacy Commissioners, is to increase the pay, improve the accommodation, and add to the liberty and comforts of those employed, but whatever may be the nature of the raw material, whether it be good or bad, the result, so far as the asylum service is concerned, will largely depend upon giving the new hand the right training when he or she first enters on the duties. The new hands should be passed through the infirmary wards, and should be under the superintendence of a good and experienced charge attendant, who takes an interest in the probationers and also in every individual patient committed to his care. Under such officers the probationers realise that a good attendant must learn to understand his patients, their state and symptoms, so as to be able to report to the doctor, and thus aid in the direction and application of remedies.

It is essential to success that the attendant shall look upon the patients from the doctor's point of view, in some degree at any rate, and that he shall always regard himself as the true guardian and friend of each individual patient committed to his care. Any asylum, therefore, which is administered on the principle of filling up a vacancy amongst the attendants by putting the new hand into any ward where such vacancy may have occurred,

* Every asylum should be affiliated with the Royal National Pension Fund for Nurses, and those asylums which determine to put in force the Pension Clauses of the Lunacy Act should take steps to encourage their attendants to supplement their pensions by joining the Fund of which H.R.H. the Princess of Wales is President. (*See Appendix.*)

without any consideration of his fitness to fill the new post because of his training and knowledge, must fail to produce anything but the worst class of attendants, and must perpetuate evils which a wise superintendent easily avoids. The latter has the wisdom and the will to so administer his institution as to provide that every fresh member of the staff shall pass through a period of probation in the infirmary wards under the skilled direction of a picked attendant, who possesses great aptitude for teaching and who is genuinely interested in his work as well as in the advancement and training of the probationers who may be placed under his direction. The system of training should include a regular education, not only in the routine of ward duties, but much more in regard to the forms of the different kinds of insanity, their nature, and their proper management and treatment.

Every attendant must be taught the importance of training for the development of his intelligence and the acquirement of a professional mode of looking at the patient and his disease. For these reasons one ward at least should be set aside specially for the training of the attendants, and should be placed in charge of a person of intelligence and experience, capable of giving instruction in the routine of ward work by means of lectures and clinical instruction. One of the medical staff should be appointed to devote so much time to the teaching of the new hands. It would be his duty to point out mental peculiarities, habits, and diseases exhibited by the different cases, the training ward being devoted to the reception of special cases of a typical character, and containing, for instance, a typical suicidal melancholic, an acutely excited case, a general paralytic in his different stages, an epileptic, a low dement, a masturbator, a delusional case with excitement. Dr. Clouston suggests that the novice should have charge of each of these cases in succession, it being his duty to walk with, to work with, and sleep with his patient, and even to eat with him. The medical and attendant instructor would examine the novice and teach him every day as to the things to be known and done, making him feel and realise that here was a human being with a certain disease which it was his business to look into and to learn how to manage. The probationers should also be encouraged to go with their patients and see their relatives when they come to the asylum, and to find out why and how the disease arose. In addition to these practical methods, one of the medical staff should give a course of lectures to all the

attendants, male and female, on the brain and mind, their functions, their diseases, and their treatment.

Such is a brief summary of Dr. Clouston's views, and we quite agree with him that the county councils ought cheerfully to vote any extra expense which such a system of training of attendants on the insane would involve, because the comfort and assistance of having reliable men and women as attendants would far more than repay all the trouble to the superintendents and their assistants, and all the added cost to the ratepayers. There is, however, something else necessary besides the selection of suitable probationers for conversion by training into skilled attendants. When this has been accomplished, it is essential to the asylum which has taken the trouble and gone to the expense of producing this efficiency that its authorities should also possess the power of retaining the services of every graduated attendant whose services the medical superintendent may desire to continue. With a view of accomplishing this, Dr. Clouston recognises the following things as desirable in order to induce attendants to stay in our asylums and continue their irksome and disagreeable duties for many years together:—

"(1.) Provide a rising scale of pay up to a really good amount, certainly not less than £50 a year as the maximum in ten years.

"(2.) Give pensions to all those who become sick or who serve long, at about twice the relative proportion to pay, as in the civil service.

"(3.) Make provision for changing attendants from one asylum to another, one institution getting the benefit of the surplus of another district; the pay and pensions counting as if no such change had been made. I am certain we lose for our patients the services of very valuable trained attendants whose desire for a little change, or temporary ill-health, or misunderstandings with fellow-attendants or officials, make them leave us, but who would be delighted to go to another asylum, taking the same rank.

"(4.) Develop and encourage an *esprit de corps* among attendants as a class, making them proud of their profession as we are of ours. I should like to see them get diplomas from the asylums where they were trained, and get up an association of attendants extending all over the kingdom.

"(5.) Provide facilities in the matter of houses, suitable times of leave, etc., and for the marriage of at least one-half of our male attendants.

"(6.) Encourage any kind of promotion to head-attendants' positions, to good places in charge of private patients, or in private asylums, etc.

"(7.) Encourage by some special means provident habits. Next to good principles, I have always found saving money the best thing in an attendant. Such a man is not a rolling stone.

"(8.) Make their lives as pleasant as possible by good accommodation, days off duty, annual holidays, social gatherings, means of amusement and instruction, and, above all, reasonable facilities for satisfying the social cravings of nature.

"(9.) Bring systematically and directly to bear upon them the elevating influence of better educated officials, such as the medical officers, chaplains, matrons, etc. I am certain that the chaplain should be a more valuable official in an asylum than he commonly is. How many asylum chaplains preach to the attendants now and then, speaking to them in a direct and real way as to their special temptations, and setting before them a high ideal of duty?"

We have probably no more intelligent or experienced superintendent in this country than Dr. Clouston. He occupies deservedly a most eminent position in psychological medicine, and his reputation is world-wide. No man has done better work or achieved greater results than he has, and we have therefore felt that in reproducing his views and experiences we were but recording the matured opinions of the best and most experienced of modern alienists on this most difficult and pressing question.

TRAINING SCHOOLS FOR ASYLUM ATTENDANTS.

Up to this point we have almost necessarily dealt with theory rather than practice. It is true that we have shown that here and there practical results have been achieved by superintendents of exceptional energy and prescience. Still, prejudice has so greatly interfered with the development of a modern system of training for attendants in the lunatic asylums, not only of this country but of all countries, that for practical purposes it may be held as a system to be as yet unattempted, with a few very marked exceptions. Dr. Clouston has introduced a system of training at Morningside which has been fruitful in results. Dr. Campbell Clark, of the Glasgow District Hospital, who was formerly at Morningside, has also introduced and perfected a system whereby he has brought his attendants, by training, to a high state of

efficiency. We must, however, go to the United States of America to find a perfectly equipped and entirely successful training school. To Dr. Cowles, of the McLean Asylum, Massachusetts, belongs the honour of having instituted and brought to a high state of perfection the first complete training school for attendants on the insane. It will be profitable to examine the causes which led to the introduction of this system at the McLean Asylum, and to specially note the training and career of Dr. Cowles himself.

Taking the last first, we find that Dr. Cowles was originally the superintendent of the City Hospital in Boston, where he instituted and successfully developed a training school for nurses for the sick, which was one of the earliest, as it proved to be one of the most successful, of American institutions. When Dr. Cowles was selected as the medical superintendent of the McLean Asylum he had already had a wide experience in the administration of hospitals, and, by study and practical experiment, had made himself acquainted with everything which tended to promote the maximum of efficiency in the administration of medical institutions of this character. When he first took charge of the McLean Asylum he made it his business to become acquainted with the systems of administration to be met with, not only in American establishments for the insane but in those of other countries. Having mastered these details, he became impressed with the feeling that radical changes were desirable in the character and class of persons then engaged as attendants upon the insane, and he proceeded laboriously to work out a scheme upon principles so carefully selected and developed that they must ultimately lead to the creation of a system thorough enough to eradicate existing evils, and to secure a staff of sympathetic, capable, and devoted men and women as attendants, whose ministrations must materially aid the physicians in the treatment of the inmates committed to their care. "Slow and sure" was Dr. Cowles's motto. In 1877 he first introduced a trained hospital nurse into the male wards. Two years later he determined to establish a school for the training of the attendants upon a plan which should not simply provide instruction for his own staff, but at the same time should fit young men and women, as in general hospitals, to undertake general nursing. At that time (1879) no asylum in the world possessed an organised school for the training of attendants. The first three years were devoted to preparatory measures, including

the introduction of class instruction, teaching in the wards, and bed-side duties, and the introduction of ward-maids, in all the female wards, after the manner of training schools in general hospitals, with a view to relieve the attendants of a great deal of their former work, and so to leave them more time to devote to the patients. This enabled the attendants to become more strictly nurses and companions of the sick. In the male wards the trained nurse before alluded to was placed in charge of the dining-room, and was gradually allowed some association with the patients. This cautious commencement was followed by the employment of female nurses in the men's wards, and was soon successfully developed and its possibilities established. This new departure was regarded by superintendents generally as wholly objectionable; first, because of the possible impropriety in associating female nurses with insane men, and, secondly, because there was a practical difficulty in administration in accommodating the duties of male and female attendants, the one to the other, in an harmonious manner.

Dr. Cowles's plan is to choose a matronly, lady-like, discreet and amiable woman, and to place her in charge of the housekeeping duties of two adjacent wards. These duties include the sole control of two dining-rooms, the control of the housekeeping, the care of the wards themselves and their appurtenances, and of the chambers, the bed-making, and other details. She is aided by one or more ward-maids, whom she directs in their work, and also by the assistant male attendant. The charge-nurse presides at the table, and contributes to the social life of the wards as if she were mistress of the house. There is a head attendant, however, who is master of the ward, and exercises general control over its affairs, the immediate charge of the patients and of his assistants being left in his hands. The nurse in charge takes her turn in watching the ward when the other attendants are absent, and thus in many ways satisfactorily fills the place of a male attendant. It is found that by this definition of duties, and by making the arrangement conform to that of the ordinary life in a private household, matters go on smoothly with a proper person in charge. The women employed in the male wards are required to be there at all times of the day and evening. The experience gained at the McLean asylum by associating nurses with insane men is that there is no reason why this cannot be done with great benefit in all asylum wards, excepting a few devoted to some special cases. Dr. Cowles states

that this system gives the place a home-like appearance due to a woman's presence, and its consequent influence upon the patients. It is directly curative in leading them to practise self-control, whilst its effects are equally marked upon the male attendants, who gradually become more considerate and gentlemanly in their deportment.

In 1882 the school was formally organised by the appointment of a superintendent of nurses, who was a trained general hospital nurse with previous asylum experience. In 1884 the school methods were gradually developed, and special difficulties were overcome which seemed to stand in the way of accomplishing the purpose of giving instruction in general nursing. No experiments were made with lectures until the more important features of organisation were perfected. In 1884 Miss Woodward was promoted from the post of supervisor, which she had held for fourteen years, in addition to a service of six years as an attendant, to that of superintendent of nurses. In order to fit her for her new post, by a special arrangement with the trustees of the Boston City Hospital Miss Woodward took out a six months' course of practical nursing-study in its wards, and she also learned the technique of school-work. Here, it may be remarked, as a feature of the system which has ministered possibly more than any other to Dr. Cowles's success, that, from the outset, arrangements had been made with one or more large training schools for nurses in connection with the local hospitals, whereby a course of training in hospital nursing is placed within the reach of all the probationers of the McLean Asylum School. Any medical superintendent who desires to be successful with his training school must take care to enter into arrangements with the neighbouring hospital authorities, whereby his probationers will have similar advantages to those given by the Boston Hospital to the McLean Asylum probationers. It is not enough to arrange that any graduate of the asylum school, who wishes to have additional practical experience and instruction in general nursing, shall have the privilege, under the usual conditions, of going to the hospital nurse training school and receiving its diploma after completing satisfactorily the school course and passing the necessary examinations, but the asylum school must be prepared to accept the graduates of the hospital training school upon identical terms. As Dr. Cowles points out, such an extra course in every case is especially useful as a preparation for all general nursing involving more or less of the mental element.

The training in mental nursing enables the nurse to understand many aspects of disease, and begets skill and tactfulness of the highest order. It is for her a mental and moral education in the best sense as a qualification for the ordinary relations of life.

At the close of the year 1885 the first graduates of the McLean School were nearly ready for their final examination, and in the following year (1886) six nurses received their certificates and became graduates of the School. It is interesting to note that, whereas the first class of women numbered fifteen graduates, and the first class of men five (the systematic training of the men not having been undertaken until the work was well established among the women), the first seven years of the existence of the School showed the following results:—

				Women.	Men.	Total.
Graduates	...	...	...	54	10	64
Graduates remaining in the service of the asylum	...		...	14	5	19
Pupils under training	...	...	...	30	24	54

The successful establishment of a nurse-training school at the McLean Asylum demonstrates the reason for the failure of many previous attempts at the systematic training of nurses for the insane, though there had all along been a genuine interest in it. In previous attempts there were faults of method in dealing with requirements and difficulties, and in the failure to recognise vital principles. Most of the attempts were too tentative and not sufficiently well organised. "It was easy to give a few lectures to the attendants, but there was the difficulty of keeping them in the service, and the zeal of all concerned soon waned with the novelty of the attempt. The scope of every plan of teaching was too limited; it appears not to have gone beyond the idea of improving the attendance on the patients immediately concerned. The professional element in the work of nursing as a prospective means of livelihood was not made sufficiently the proper and necessary stimulus to undertake and adhere to a methodical course of study to fit the nurse for the profession. No one offered such a comprehensive course of study. All doubted if there would be a place in the public asylum service for such asylum-trained nurses when they were educated. Then, it was said, if they did find such employment, after being taught they will all leave the asylums, which will then gain nothing from the extra labour of teaching. It was also said that the asylums could furnish only the means of teaching the care of the insane, so that bodily nursing could not

be adequately taught ; and that the admitted repugnance to mental nursing would forbid the finding of the right material for training, as in the general hospitals."

All these views have been proved to be ill-founded, thanks to Dr. Cowles, though, as he remarks, their acceptance as accredited views will still be enough to arrest all effort, or to confine it within such narrow limits as to prevent the success of any such modified attempt. Many people thought and said that, as the qualities desired in a nurse were intelligence, sympathy and trustworthiness, the repugnance to the work of nursing the insane must be overcome by giving a nurse a better knowledge of the nature of disease and how to relieve suffering. "The natural motherliness of the nurse was at once enlisted by teaching her what to do. This aroused and awakened the sympathy of intelligent minds, and thus came character and trustworthiness."

Dr. Cowles applied the same principle of giving knowledge to the nurse in regard to her insane patients, and he influenced all by making use of the same motive of wholesome self-interest which stimulates the general hospital nurse to fit herself for the practice of a respectable, self-supporting profession. Holding such views, the authorities determined that the McLean asylum school should teach all the principles of general nursing, and such of the practice of it as was possible, not only for the sick of the asylum, but for the public good, believing that there need be no hesitation nor fear lest nurses so trained would find no useful places in the world. It was further maintained, and experience has proved the view to be correct, that the requisite information could be given equally well in an asylum to fit a nurse for competition with one trained in the general hospitals. The authorities desired that their nurses should find remunerative employment, because the fact of their doing so would attract interest and applicants to the school. It was believed that the asylum graduates on receiving their certificates would leave the school to seek their fortunes, but some would remain, no doubt, as in the general hospitals—one or more from each class—until in due time there would be a sufficient number of experienced and trained nurses in the service. It was held that if once the school were formally established, if one-third of the nursing staff were well trained, that would suffice for the efficient administration of the whole establishment, the rest of the work being undertaken by the probationers. With the idea of popularis-

ing the school, a system was organised under which nearly fifty attendants were sent out from the asylum to take charge of private cases during the years 1880-85, and from first to last everything has been done to assist the graduates of the McLean School outside of the asylum. Another point worthy of notice is that at the outset, and during the first two or three years especially, which is by far the most critical period in the history of a school of this description, much of the success will depend upon the employment of a special officer to carry on a substantial part of the teaching and to attend to the organised system of school operations. This, the most important work, was undertaken at Somerville by Miss Woodward, the lady superintendent of nurses, and the assistant physicians who co-operated with her in the work of teaching. Full information as to the regulations, courses of instruction, and the remuneration and requirements of the McLean Asylum Training School for Nurses, will be found in the *Appendix* to this volume.

Having studied this interesting experiment very closely, from a personal and intimate knowledge of Dr. Cowles, his experience, training, methods, and work, and realising, as we do, the enormous importance which that work cannot fail to have in all its bearings upon the treatment of the inmates of asylums all the world over, we feel that the nations owe him a debt of gratitude for the successful establishment of the McLean Training School, the usefulness of which will become more and more apparent as years roll by.

Bearing in mind the description which Dr. Clouston gave of the ideal attendant, it is interesting to describe in Dr. Cowles's own words, the effects which this new system has had upon the patients and upon the medical superintendents. As to its effect upon the patients Dr. Cowles writes:—"It now remains to bear some testimony to the character and quality of the service rendered by these nurses. It is difficult to present this adequately. It is given to the experienced superintendent alone to appreciate such a thing as this. He knows what it is, under such responsibilities, to *feel* what his household is doing, and the spirit with which it is being done. The paramount consideration, however, is the relation of the nurses to the patient. From this side there are constantly coming, in a multitude of ways, from patients and their friends, spontaneous expressions of a most significant kind, testifying to a gratifying appreciation of the uniform kindness and helpfulness of the nurses to the sick. In the very nature of the

case there must sometimes be control and restriction of patients, and inevitably misconception and complaint on their part. But when such patients grow fond of their nurses—and the testimony of convalescents is uniformly to their credit—the evidence is unquestionable. The proof is satisfactory to me that it is the knowledge given to the nurse by careful instruction which brings satisfaction to her for the exercise of the ability to intelligently direct her sympathies. With such stimulation she knows what is needed, and when and why to give her sympathy; she knows the wrong of not giving it. There are two maxims that apply to the well-instructed nurse: ‘The more you trust the more you may;’ and ‘People generally do what you expect of them.’ It is held, therefore, that this demonstration of what the nurse may be for the insane, settles one of the problems of hospital construction. Buildings may be placed as to distance from each other, without reference to the rule for closeness of surveillance by a medical officer, in order to secure kind and trustworthy care. It is equivalent to having a trusted supervisor in every building.”

Again: “On the side of the physician the advantage of the new order of things might be stated strongly. To have nurses in every ward, who can make an intelligent analysis of mental symptoms, and detect many of the important particulars in which disorder exists, is not only to have instruments in one’s hands for the precise application of remedial influences of ‘moral treatment’ of a kind before unavailable, but it enlarges the physician’s own knowledge of morbid conditions. The asylum thus becomes a hospital in truth, and both the humane and the scientific spirit are invited to dwell and flourish in it.”

We may appropriately conclude this chapter by reproducing the following opinion of Dr. A. Campbell Clark, medical superintendent of the Glasgow District Asylum, who has taken so active a part in the special training of asylum attendants:—

“I have one more argument with which to enforce my plea, and it is this: that we are becoming more and more fully impressed with the idea that the asylum of the future will partake largely of the hospital type. Our knowledge of insanity and its appropriate treatment is growing apace. Consciously, or unconsciously, we are individualising more. Instead of trusting to the precarious chance of asylum routine effecting a cure, we are more fully alive than ever to the merits of a special study and a special course of treatment for our new cases; and the asylum physician is often gratified

by results which he can claim for his own hand alone. It is a triumph of science, a triumph of skill; and, if he reflects on the stages which led up to it, he is struck with the fact that the institution appliances on which he depended were more those of an hospital than an asylum. And here is the mainspring of a new idea. He determines that the new wing on the male side must be an hospital in the best sense of the term. The hospital is constructed, it realises every hopeful expectation, and then the principle is extended to the female side with a like happy result. But still this ambitious man is not satisfied—there is just one screw loose. The attendants are not sufficiently trained and elevated to fit into the new order of things. The moral of this is obvious. If our asylums are to be more like hospitals, our attendants, like hospital nurses, must be specially trained.”





APPENDIX.

(A.)

REPORT FROM THE COMMITTEE OF THE HOUSE OF
COMMONS ON THE STATE OF THE PRIVATE MAD-
HOUSES OF THE KINGDOM, FEBRUARY 22, 1763.

Extract from the "PARLIAMENTARY HISTORY", vol. xv, pp. 1283-1290.

MR. TOWNSHEND reported from the Committee who were appointed to inquire into the State of the Private Mad-houses in this Kingdom, and report the same, with their opinion thereupon, to the House, that the Committee had inquired accordingly, and had come to a resolution, which they had directed him to report to the House, and he read the Report in his place, and afterwards delivered it in at the Clerk's table, where the same was read, and is as follows :—

The Committee being sensible how much a subject of this nature is liable to frequent digression and irregularity in the examination of witnesses, and thinking to keep the inquiry as much as possible from running unnecessarily into the stories and transactions of private life, they resolved very early in their proceedings to confine themselves to the two points which seemed in their judgment to be referred to them by the House ; and they now beg leave to be permitted to follow the same method in their Report which they strictly observed in their examination. These two points were (i) the manner of admitting persons into houses now kept for the reception of lunatics ; (ii) the treatment of them during their confinement.

The first person who appeared before your Committee was Mrs. Hester Williams, complaining of her having been carried by stratagem to a house kept for the reception of lunatics, and of the severe treatment she received during her confinement ; but your Committee having no reason to conclude, either from her own statement of her case, or from the witnesses which she brought in support of it, or from other persons attending to

prove her actual insanity at the time of her being carried to the mad-house, that her case has been such as to be itself any conclusive proof of abuse in the method of admission to these houses, or to be a sufficient ground for the interposition of the legislature. They presume to pass cursorily over a complaint, in itself very general, affecting the characters of persons of good character in private life, and materially contradicted in the facts and allegations of it by many witnesses of weight and authority.

The next complainant who appeared before your Committee was Mrs. Hawley, whose representation of her case to the Committee was as follows:—That being on the 5th of September 1762 invited, in an affectionate letter by her mother and husband, to go upon a party of pleasure to Turnham Green, she was by them carried to a madhouse at Chelsea, kept by Turlington.

That, upon her being carried into the house, she knelt down and exhorted the keeper to let her go, who refused her, upon the authority of her mother directing him to keep her confined. She alleged that she was shut up night and day in a chamber locked and barricaded, refused the use of pen and paper, no notice permitted to be carried to any relation or friend, and treated with severity; and she added that, during the whole time, she was never visited by her mother, nor ever desired to take any medicines whatever; that she continued under confinement in the said house until the 4th of October, when she was, in pursuance of a writ of Habeas Corpus granted by Lord Mansfield, carried before his lordship, who discharged her.

In support of this representation, Mrs. Hawley called Mr. La Fortune, who declared that he had known Mrs. Hawley for above two years past, that on the 5th of September, the day of her confinement, she had dined at his house, and that she then told him she had received an affectionate letter from her mother, desiring her to go with her upon a party to Turnham Green; that he advised her not to trust too much to sudden changes of temper, and to be upon her guard; that, upon his starting this objection, she desired him, in case she was absent more than two days, to inquire after her; and that upon inquiring for, and being told she was gone to Sion, and upon going to Sion without finding her there, he suspected she was put into a madhouse; upon which he applied to Lord Mansfield for a Habeas Corpus, who refused the writ, upon the suggestion that he was not a relation, but, at the same time, ordered Dr. Riddle, a surgeon in Marlborough Street, to visit Mrs. Hawley.

To pursue the thread of this evidence, Mr. Riddle was called before your Committee, who said that, upon being ordered to go to Turlington's madhouse at Chelsea and visit Mrs. Hawley, he was refused admittance, and assured that no such person was there; that during the dispute Mrs. Hawley coming to the window, he saw her, and spoke to her; and that, on his return to Lord Mansfield, he informed his lordship of what had happened; and declared he believed Mrs. Hawley to be in her senses.

Mrs. Hawley having been asked whether she knew of any other persons, in the same circumstance with herself, confined in the same house, and she naming Mrs. Smith, the Committee thought it necessary to order her to attend.

Mrs. Smith informed your Committee that she had been carried to Turlington's madhouse by her husband, who left her there with an assurance that he would return very soon ; that Mr. King, the keeper of the house, told her that her husband had taken this lodging for that night ; that her husband told her, in a letter which she received the next day, that he was glad that he had left her in so pleasant a situation ; to which she returned no answer ; that she was told from time to time she must make herself easy ; that she should have been happy to have put an end to her confinement ; and that it was now two years since she had been carried to this house ; she added that during her confinement she had been attended by no physician or apothecary whatever.

The next person who attended the Committee was Mrs. Durant, who complained that about eight years ago she was carried to Miles's madhouse at Hoxton ; and that, during her confinement there, she was ordered no medicines, nor attended by anybody ; that she was refused all opportunity of sending to her friends during the three weeks of her confinement ; and that she was released by her mother, attended by Mr. Lediard, a justice of the peace, upon whose arrival, as Mrs. Durant alleges, her chains were privately knocked off.

Mrs. Gold, the mother of Mrs. Durant, informed the Committee that, upon receiving an anonymous letter, giving her an account that her daughter went away about three weeks before with her husband, and had not since been heard of, she applied to her son-in-law, insisting upon knowing from him where her daughter was ; that, upon his refusal to give her any satisfactory account of his wife, she applied to Mr. Lediard, a justice of the peace, who drew from Mr. Durant a confession that his wife was gone to Miles's madhouse at Hoxton ; that, upon the mother and the justice going to Miles's, they were refused the sight of Mrs. Durant, upon the pretence that Mr. Miles was not at home, until, upon Mr. Lediard being understood by the person of the house to be a magistrate, they were admitted. Mrs. Durant was then brought into the parlour, where Mrs. Miles confessed to Mr. Lediard that she did not think her mad ; and that, on the contrary, she was confined there only by her husband's order.

Mr. Morrison attending, at the desire of Mrs. Durant, to prove that she was not insane at the time of being forced into confinement, declared that he was at Mrs. Gold's, the mother of Mrs. Durant, when the anonymous letter came, informing her of her daughter's confinement ; that he had seen Mrs. Durant frequently near the time of her being carried into confinement, and never had the least doubt of her being in her senses ; that he was present when Mrs. Gold received the anonymous letter, and advised her to look after her daughter ; that he was also present the next

day when the conversation passed between Mrs. Gold, Mr. Lediard, and Mr. Durant, in which Mr. Durant acknowledged his wife was in a mad-house ; and that, being present also when Mr. Lediard and Mrs. Gold returned from the madhouse, he then saw Mrs. Durant, who had no marks whatever of any degree of insanity ; and that Mr. Durant, the husband, and his wife, did then and there make up all disagreements at his interposition.

It having appeared to the Committee in the course of the several complaints and the consequential examinations, that the extraordinary imprisonments upon the imputation of lunacy have happened in the houses kept by Turlington and Miles, your Committee thought that they should ill discharge their duty or answer the expectations of the House, if they did not summon Mr. Turlington himself, whom they thought both the objects of the inquiry and the common principles of justice required, should be ordered to attend.

Mr. Turlington informed the Committee that he kept a house at Chelsea for the reception of lunatics ; but added, that he usually leaves the management of the house and the admission of patients to Mr. King, his agent. Upon being asked what instructions he gave Mr. King in respect to the admission of persons, he avowed that the rule was general to admit all persons who were brought, and that, in the administration of the house he received a report of the persons admitted from time to time, but left the business in general to Mr. King. He added that, though the house is intended for the reception of lunatics, other persons were admitted as lodgers ; that no physicians attend the house ; that no register of the persons is kept ; that he considered Mrs. Smith (mentioned in the former part of this Report) merely as a boarder, and that he took her into confinement merely at the desire of her husband, who alleged that the neighbours were afraid she would set the house on fire : that he received six guineas a quarter for her maintenance, and that it was not in her power to go out of the house if she would. He acknowledged that he remembered Mrs. Hawley, whom he said he believed to have been a lunatic, and that she was released by a Habeas Corpus directed to Mr. King. He denied, in general, the severities charged upon the house by other witnesses, and expressly asserted that chains were never used.

Mr. Turlington having, in defence of the proceedings of this house referred himself to Mr. King, as the person intrusted and employed by him, the Committee thought it necessary to summon him.

Mr. King said he had been in the wool trade, but for six years past he had been employed by Mr. Turlington to keep his madhouse ; that he had received no written directions from Mr. Turlington ; that he found several patients in the house on his being employed, and all lunatics ; that since his being employed he had admitted several for drunkenness and for other reasons of the same sort, alleged by their friends or relations bringing them, which he had always thought a sufficient authority.

As to the treatment of the persons confined, he said that they had the liberty of walking in the garden, and passing from one room to another, and as to their diet and apartments, he said it was according to the allowance they paid, which was from sixty to twenty pounds a year. He admitted that he knew Mrs. Hawley, that she was confined at the representation of a woman who called herself her mother, and that the reason alleged by her for the confinement of her daughter was drunkenness; he said he did not remember that she was refused pen, ink, and paper, but at the same time acknowledged it was the established rule of the house that no letters should be sent by any of the persons confined to their friends or relations.

Being asked upon what authority he admitted people charged only with drunkenness, into a house of confinement kept for the reception of lunatics? he answered, upon the authority of the persons who brought them; and he frankly confessed, that out of the whole number of persons whom he had confined, he had never admitted one as a lunatic during the six years he had been entrusted with the superintendency of the house.

Upon being then asked if he ever refused any persons who were brought upon any pretence whatsoever provided they could pay for their board? he answered, No.

To close this evidence, and to bring it to a clear and final issue, Mr. King was asked this general question: Whether, if two strangers should come to his house, one calling herself the mother of the other, and charging her daughter with drunkenness, he would confine the daughter upon the representation of the woman calling herself the mother, though she was a stranger to him, and the daughter herself was apparently sober at that time? he said he certainly should.

Your Committee being desirous of obtaining every degree of assistance and information which might enable them more perfectly to obey the orders of the House, they desired the attendance of Dr. Battie and Dr. Monroe, two very eminent physicians, distinguished by their knowledge and their practice in cases of lunacy.

Dr. Battie gave it as his opinion to your Committee that the private madhouses require some better regulations; that he hath long been of this opinion; that the admission of persons brought as lunatics is too loose and too much at large depending upon persons not competent judges, and that frequent visitation is necessary for the inspection of the lodging, diet, cleanliness, and treatment. Being asked if he had ever met with persons of sane mind in confinement for lunacy, he said it frequently happened; he related the case of a woman, perfectly in her senses, brought as a lunatic by her husband to a house under the Doctor's direction, whose husband, upon Dr. Battie's insisting he should take home his wife, and expressing his surprise at his conduct, justified himself by frankly saying, "he understood the place to be a sort of Bridewell, or place of correction".

The doctor related also the case of a person whom he visited in con-

finement for lunacy in Macdonald's house, and who had been, as the doctor believes, for some years in this confinement. Upon being desired by Macdonald to attend him by the order, as Macdonald pretended, of the relations of the patient, he found him chained to his bed, and without ever having had the assistance of any physician before ; but some time after, upon being sent for by one of the relations to a house in the city, and then told Macdonald had received no orders for desiring the doctor's attendance ; the doctor understood this to be a dismissal, and he never heard anything more of the unhappy patient till Macdonald told him some time after that he died of a fever, without having had any further medical assistance, and a sum of money devolved upon his death to the person who had the care of him.

Dr. Monroe informed your Committee that he does not doubt but several persons have been improperly confined upon the pretence of lunacy ; and he cited two particular instances happening in two different madhouses. He gave it as his opinion that the method and grounds of admitting patients for lunacy is too loose, and too much at large ; that in the case of Mrs. Durant, mentioned in this Report, Miles, the keeper of the madhouse at Hoxton, confessed to the doctor that he had been imposed upon ; and Dr. Monroe said that in his opinion the present state of the private madhouses required regulations with respect to the persons permitted to keep such houses, the admission of patients, and the visitation.

Your Committee are sensible that in their inquiry they have confined themselves to a few cases, and a few houses ; but to obviate any conclusion from thence that cases existing are rare, and the abuse the misconduct only of particular persons, they beg leave to assure the House that a variety of other instances, arising in other houses, offered themselves for examination, and that Turlington's house was in no degree a selected case, but taken up by the Committee in the course of the inquiry, and merely as it presented itself upon the report of the witnesses, your Committee restraining themselves out of a regard to the peace and satisfaction of private families from the examination of more cases than they judged to be necessary and sufficient to establish the reality of the too great abuses complained of in the present state of private madhouses ; the force of the evidence and the testimony of the witnesses being at the same time so amply confirmed and materially strengthened by the confessions of persons keeping private madhouses, and by the authority, opinions, and experience of Dr. Battie and Dr. Monroe.

Whereupon your Committee came to the following Resolution :—

“Resolved: That it is the opinion of this Committee that the present state of the private madhouses in this kingdom requires the interposition of the legislature.”

The said Resolution was agreed to by the House.

(B.)

A LIST OF ALL COUNTY AND BOROUGH ASYLUMS, REGISTERED HOSPITALS, AND LICENSED HOUSES IN ENGLAND AND WALES: DISTRICT AND CHARTERED ASYLUMS, PAROCHIAL ASYLUMS, LICENSED PRIVATE HOUSES, POOR-HOUSES FOR PAUPER LUNATICS, AND TRAINING INSTITUTIONS FOR IMBECILE CHILDREN IN SCOTLAND; AND CRIMINAL, DISTRICT, AND CHARITABLE ASYLUMS, AND LICENSED HOUSES IN IRELAND.

ENGLAND.

COUNTY AND BOROUGH ASYLUMS.

Beds, Herts, and Hunts United Counties Asylum, near Hitchin, 1,080.*
 Berks (Reading and Newbury) County Asylum, Moulsoford, 609.
 Bucks County Asylum, Stone, 480.
 Cambridge and Isle of Ely County Asylum, Fulbourn, 481.
 Carmarthen, Cardigan, and Pembroke United Counties Asylum, Carmarthen, 577.
 Chester County Asylum, Chester, 647.
 Do. do. Parkside, 680.
 Cornwall do. Bodmin, 710.
 Cumberland and Westmorland County Asylum, Carlisle, 620.
 Denbigh, Anglesea, Carnarvon, Flint, and Merioneth United Counties Asylum, Denbigh, 541.
 Derby County Asylum, Mickleover, 471.
 Devon do. Exminster, 997.
 Dorset do. Dorchester, 488.
 Durham do. Sedgefield, 1,222.
 Essex do. Brentwood, 1,419.
 Glamorgan do. Bridgend, 974.
 Gloucester do. Gloucester, 1,054.
 Hants and Isle of Wight County Asylum, Knowle, 992.
 Hereford County and City Asylum, Burghill, 399.
 Kent County Asylum, Barming Heath, 1,610.
 Do. do. Chartham, 880.
 Lancaster do. Lancaster, 1,850.
 Do. do. Rainhill, 1,800.
 Do. do. Prestwich, 2,340.
 Do. do. Whittingham, 1,840.

* The figure after the name of the asylum shows the accommodation provided in each institution.

Leicestershire and Rutland County Asylum, Leicester, 498.		
Lincoln County Asylum, Bracebridge, 680.		
London	do.	Banstead, 2,002.
Do.	do.	Canehill, 1,116.*
Do.	do.	Colney Hatch, 2,259.
Do.	do.	Hanwell, 1,896.
Middlesex	do.	Wandsworth, 1,080.
Monmouth, Brecon, and Radnor County Asylum, Abergavenny, 866.		
Norfolk County Asylum, Thorpe, 800.		
Northampton County Asylum, Berrywood, 872		
Northumberland	do.	Morpeth, 600.
Nottingham	do.	Nottingham, 369.
Oxford City and Windsor Asylum, Littlemore, 540.		
Shrewsbury, Bridgnorth, and Wenlock Asylum, Bicton, 800.		
Somerset and Bath County Asylum, Wells, 861.		
Stafford County Asylum, Stafford, 880.		
Do.	do.	Burntwood, 644.
Suffolk	do.	Melton, 532.
Surrey	do.	Brookwood, 1,063.
Sussex	do.	Hayward's Heath, 880.
Warwick	do.	Hatton, 706.
Wilts	do.	Devizes, 715.
Worcester	do.	Powick, 921.
York, N. Riding, Asylum, Clifton, 715.		
Do. W. Riding, Asylum, Wakefield, 1,380.		
Do.	do.	Wadsley, 1,570.
Do.	do.	Menston, 910.
Do. E. Riding, Asylum, Beverley, 295.		
Birmingham Boro' Asylum, Winson Green, 624.		
Do.	do.	Rubery Hill, 624.
Bristol	do.	Stapleton, 569.
Derby	do.	Rowditch, 300.
Exeter	do.	Digbys, 344.
Hull	do.	Willerby, 350.
Ipswich	do.	Ipswich, 273.
Leicester	do.	Humberstone, 500.
City of London Asylum, Stone, 414.		
Newcastle-on-Tyne Boro' Asylum, Gosforth, 440.		
Norwich	do.	Hellesdon, 253.
Nottingham	do.	Mapperley Hill, 560.
Portsmouth	do.	Milton, 565.

* When the additional buildings are completed this will be varied to about 2,000.

HOSPITALS FOR THE INSANE.

Manchester Royal Lunatic Hospital, Cheadle, Chester.
 Wonford House, Exeter, Devonshire.
 Barnwood House, Gloucester, Gloucestershire.
 The Lawn, Lincoln, Lincolnshire.
 Lincoln Lunatic Hospital.
 St. Luke's Hospital, Old Street, E.C., Middlesex.
 Royal India Lunatic Asylum, Ealing, Middlesex.
 Bethel Hospital, Norwich, Norfolk.
 St. Andrew's Hospital, Northampton, Northamptonshire.
 Nottingham Lunatic Hospital, The Coppice, Nottingham, Nottinghamshire.
 Warneford Asylum, Headington Hill, Oxford.
 Charitable Institution for the Insane, Coton Hill, Stafford, Staffordshire.
 Bethlehem Royal Hospital, Lambeth Road, S.E., Surrey.
 Holloway's Sanatorium, St. Ann's Heath, Virginia Water, Surrey.
 York Lunatic Asylum, Bootham, Yorkshire.
 The Retreat, York, Yorkshire.

IDIOT ESTABLISHMENTS.

Eastern Counties' Idiot Asylum, Essex Hall, Colchester.
 Royal Albert Asylum for Idiots, Lancaster.
 Asylum for Idiots, Earlswood, Redhill, Surrey.

MILITARY AND NAVAL HOSPITALS.

Royal Military Hospital, Netley, Hampshire.
 Royal Naval Hospital, Yarmouth, Norfolk.

CRIMINAL ASYLUM.

State Criminal Asylum, Broadmoor, Crowthorne, Berks.

METROPOLITAN LICENSED HOUSES.

I.—Receiving both Private and Pauper Patients.

[*p.* Houses receiving paupers ; *m.* Males only ; *f.* Females only ; *m. f.* Males and females ; *g.* Limited to quiet and harmless patients.]

Bethnal House, Cambridge Road, Bethnal Green, E. 410 m. f.
 Grove Hall, Fairfield Road, Bow, E. 440 m. f.
 Camberwell House, Camberwell, S.E. 489 m. f.
 Hoxton House, Hoxton, N. 280 m. f.
 Peckham House, Peckham, S.E. 375 m. f.

II.—Receiving Private Patients only.

Manor House, Chiswick. 35 m. f.
 Brooke House, Upper Clapton, E. 88 m. f.

- Northumberland House, Finsbury Park, N. 95 m. f.
 Wyke House, Isleworth. 45 m. f.
 The Priory, Roehampton, S.W. 90 m. f.
 Halliford House, Sunbury. 30 m. f.
 Munster House, Fulham, S.W. 35 m.
 Moorcroft House, Hillingdon. 48 m.
 Flower House, South End, Catford, S.E. 32 m.
 Newlands House, Tooting Beck Road, Tooting Common, S.W. 28 m.
 Peterborough House, Fulham, S.W. 301 f.
 Otto House, North End, Hammersmith, S.W. 35 f.
 Homelea, Hammersmith, W. 20 f. q.
 Featherstone Hall, Southall. 10 f.
 Hayes Park, Hayes. 19 f.
 Wood End House, Hayes. 19 f.
 Hendon Grove, Hendon, N.W. 14 f.
 The Great House, Leyton. 15 f. q.
 Silverton House, 24, Linden Grove, Nunhead, S.E. 8 f. q.
 The Shrubbery, Southall. 8 f. q.
 Vine Cottage, Norwood Green, Southall. 14 f. q.
 The Huguenots, East Hill, Wandsworth. 12 f. q.

III. *For Special Cases.*

- 24, Royal Crescent, Notting Hill, W. 2 f.
 Gondhurst, Stanley Road, Teddington. 2 m. f.
 Ivy Lodge, Upper Tooting, S.W. 2 m.

IV.—*Receiving Idiots, etc.*

- Normansfield, Hampton Wick. 160 m. f.

PROVINCIAL LICENSED HOUSES.

- Bishopstone House, Bedford, Bedfordshire. 10 f.
 Springfield House, Bedford, Bedfordshire. 48 m. f.
 Wye House, Buxton, Derbyshire. 44 m. f.
 Court Hall, Kenton, Exeter, Devonshire. 8 f.
 Plympton House, Plympton, Devonshire. 44 m. f.
 Dinsdale Park, Darlington, Durham. 44 m. f.
 Dunston Lodge, Gateshead, Durham. 65 m. f.
 Witham, Essex. 25 m. f.
 Vernon House, Briton Ferry, Glamorganshire. 50 m. f.
 Northwoods, Winterbourne, Bristol, Gloucestershire. 50 m. f.
 Fairford House, Fairford, Gloucestershire. 50 m. f.
 The Croft House, Fairford, Gloucestershire. 5 f. q.
 Westbrook House, Alton, Hampshire. 30 m. f.
 The Briars, Sandown, Isle of Wight, Hampshire. 5 f.

Harpenden Hall, St. Alban's, Hertfordshire. 10 f.
North Grove House, Hawkhurst, Kent. 50 m. f.
Springcroft, Beckenham, Kent. 3 f. q.
Tattlebury House, Goudhurst, Kent. 8 m. f.
West Malling Place, Maidstone, Kent. 39 m. f.
Mariden Hall, Burnley, Lancashire. 28 m. f.
Overdale, Outwood, Prestwich, Lancashire. 14 m. f.
Haydock Lodge, Ashton, Newton-le-Willows, Lancashire. 150 m. f. q.
Tue Brook Villa, Liverpool, Lancashire. 52 m. f.
Shaftesbury House, Formley, Preston, Lancashire. 40 m. f.
Heigham Hall, Norwich, Norfolk. 95 m. f.
The Grove, Catton, Norwich, Norfolk. 24 m. f.
Abington Abbey, Northampton, Northamptonshire. 30 m. f.
Stretton House, Church Stretton, Shropshire. 40 m.
Grove House, All Stretton, Shropshire. 40 f.
St. Mary's House, Whitchurch, Shropshire. 6 m. f.
Boreatton Park, Baschurch, near Shrewsbury, Shropshire. 30 m. f.
Brislington House, Bristol, Somersetshire. 106 m. f.
Bailbrook House, Batheaston, Somersetshire. 44 m. f.
Ashwood House, Kingswinford, Dudley, Staffordshire. 31 m. f.
Moat House, Tamworth, Staffordshire. 16 f.
Church Street, Epsom, Surrey. 14 f.
Canonbury House, Kingston-on-Thames, Surrey. 2 m. f. q.
Chalk Pit House, Sutton, Surrey. 3 f. q.
Sutherland House, Surbiton, Surrey. 3 f. q.
Ticehurst Asylum, Sussex. 92 m. f.
St. George's Retreat, Burgess Hill, Sussex. 75 m. f.
Periteau House, Winchelsea, Rye, Sussex. 5 f.
Ashbrooke Hall, Hollington, Sussex. 6 f. q.
Glendossil, and Hurst House, Henley-in-Arden, Warwickshire. 48 m. f.
Laverstock House, Salisbury, Wiltshire. 70 m. f.
Fisherton House, Salisbury, Wiltshire. 672 m. f. q.
Fiddlington House, Market Lavington, Devizes, Wiltshire. 30 m. f.
Kingsdown House, Box, Wiltshire. 43 m. f.
Craven Street Retreat, Sculcoates, Hull, Yorkshire, E. R. 11 f. q.
Greta Bank, Barnoldswick, Bentham, Yorkshire, W. R. 10 m. f. q.
The Grange, Kimberworth, Rotherham, Yorkshire, W. R. 20 f.
Lawrence House, York (City), Yorkshire. 22 m. f.

Idiot Establishments.

Western Counties Idiot Asylum, Starcross, Devonshire. 180 m. f.
Downside Lodge, Bath, Somersetshire. 7 f.
Midland Counties Idiot Asylum, Knowle, Birmingham, Warwickshire.
60 m. f.

SCOTLAND.

DISTRICT AND CHARTERED ASYLUMS.

Aberdeen Royal Asylum, 580.
 Argyll and Bute District Asylum, 400.
 Ayrshire District Asylum, 324.
 Banff District Asylum, Ladysbridge, Banff, 165.
 Crichton Institution, Dumfries, Southern Counties Asylum, Dumfries, 600.
 Edinburgh Royal Asylum, 820.
 Midlothian and Peebles District Asylum, 237.
 District Asylum, Elgin, 120.
 District Asylum, Fife, 375.
 Dundee Royal Asylum, Forfar, 355.
 Montrose Royal Asylum, Forfar, 450.
 District Asylum, Haddington, 90.
 District Asylum, Inverness, 530.
 Glasgow Royal Asylum, 500.
 Kirklands Asylum, Lanark, 180.
 Murray Royal Asylum, Perth, 107.
 District Asylum, Perth, 260.
 Roxburgh, Berwick, and Selkirk District Asylum, 246.
 Stirling District Asylum, 430.

PAROCHIAL ASYLUMS.

Barony, Woodilee, Lanark, 600.
 Glasgow City Asylum, Lanark, 125.
 Govan Asylum, Lanark, 244.
 Abbey Asylum, Renfrew, 98.
 Greenock Asylum, Renfrew, 290.
 Paisley Burgh Asylum, Renfrew, 203.

LICENSED PRIVATE HOUSES.

Westermains, Dumbarton, 21.
 Mavisbank, Edinburgh, 45.
 Mollendo House, Edinburgh, 20.
 Saughtonhall, Edinburgh, 70.
 Whitehouse, Inveresk, Edinburgh, 30.

POORHOUSES LICENSED FOR PAUPER LUNATICS.

St. Nicholas Poorhouse, Aberdeen, 94.
 Buchan Combination Poorhouse, Aberdeen, 52.
 Old Machar do. do do. 60.
 Cunningham Combination, Irvine, Ayr, 69.

Dumbarton Combination, Dumbarton,	60.
Edinburgh City Poorhouse, Edinburgh,	79.
Inveresk do. Edinburgh,	32.
St. Cuthbert's do. Edinburgh,	16.
Dundee, East do. Forfar,	99.
Dundee, West do. Forfar,	78.
Kincardine do. Kincardine,	42.
Hamilton do. Lanark,	40.
Old Monkland do. Lanark,	50.
Linlithgow do. Linlithgow,	32.
Perth do. Perth,	40.
Wigton do. Wigton,	34.

TRAINING INSTITUTIONS FOR IMBECILE CHILDREN.

Baldovan, Dundee.

Larbert Training Institution, Stirling.

I R E L A N D.

CRIMINAL.

Criminal Lunatic Asylum, Dundrum, co. Dublin.

DISTRICT ASYLUMS.

Armagh District Asylum,	for Armagh.
Ballinasloe do.	for Galway and Roscommon.
Belfast do.	for Antrim.
Carlow do.	for Carlow and Kildare.
Castlebar do.	for Mayo.
Clonmel do.	for Tipperary.
Cork do.	for Cork.
Downpatrick do.	for Down.
Ennis do.	for Clare.
Enniscorthy do.	for Wexford.
Kilkenny do.	for Kilkenny.
Killarney do.	for Kerry.
Letterkenny do.	for Donegal.
Limerick do.	for Limerick.
Londonderry do.	for Derry.
Maryboro' do.	for Queen's Co. and King's Co.
Monaghan do.	for Monaghan and Cavan.
Mullingar do.	for Meath, Westmeath, and Longford.
Omagh do.	for Tyrone and Fermanagh.
Richmond do.	for Dublin (City and Co.), Louth and Wicklow.
Sligo do.	for Sligo and Leitrim.
Waterford do.	for Waterford.

ASYLUMS MAINTAINED WHOLLY OR IN PART FROM CHARITABLE RESOURCES.

Bloomfield Retreat.	Swift's Hospital.
St. Vincent's Hospital.	Stewart Institution.

LICENSED PRIVATE HOUSES.

The Retreat, Armagh.	Lysle House, Dublin.
Course Lodge, do.	Esker House, do.
Lindville, Cork.	Verville, do.
Elm Lodge, Dundrum, Dublin.	Woodbine Lodge, do.
Farnham House, Dublin.	Solent Villa, do.
Hampstead House, do.	St. John of God, do.
Highfield, do.	Ballynaminton, King's Co.
Hartfield Retreat, do.	St. Patrick's, Belmont, Waterford.
Orchardstown House, do.	

(C.)

VICTORIA ASYLUMS.

Supplementary to the details given on pages 311 to 313 inclusive.

ALL the lunatic asylums of Victoria were established, and are controlled, by the Government. They form a branch of the department which is under the control of the Chief Secretary of the colony. The head of the branch is the Inspector of Asylums. Since the closing of the Cremorne Retreat, in 1884, there have been no private asylums in the colony. In 1888 an Act was passed especially prohibiting the licensing of any private houses. A single patient, however, may be admitted into a private establishment, provided a licence is obtained from the Minister. Patients may also be removed from the asylums, and committed to the charge of friends under certain conditions, and can be readmitted when desirable, without the necessity of renewing the original formalities of entrance. This system of "probation" (section 60 of the Lunacy Statute) offers a substantial means of relief to the overcrowded condition of the asylums, and is largely taken advantage of, no fewer than 340 patients having left the asylums under this section of the Act. No new regulations relating to the asylums may be enforced without the sanction of the Chief Secretary.

Management and Staff. Each asylum is managed by a medical superintendent, who is responsible for the proper medical and moral treatment of the patients. He also controls the expenditure and general

economy of the asylum. The staff consists of resident medical officers (either one or more, according to the size of the asylum), a steward, matron, head warden, attendants, and in- and out-door servants. The attendants are appointed by the Public Service Board, which makes all appointments throughout the Government Service. They must be over twenty-six years of age, and must supply satisfactory testimonials, but no training is required previous to their entrance into the asylums. The male attendants are examined in reading, writing, and arithmetic, but from this test the female attendants are exempt. They are employed under the superintendence of the matron and head warden respectively. Some of the attendants are required to act as trades' masters, and at Sunbury the cooking even is performed by them, which arrangement is said to be very unsatisfactory. The attendants on night duty visit each patient every hour, and register their visits by means of Dent's tell-tale clocks.

Wards, Ventilation, and Heating.—All the asylums, with the exception of Yarra Bend, are constructed in blocks, containing associated dormitories, single rooms, and day-rooms. At Yarra Bend there are twenty-two cottages, in addition to the central building. At Sunbury some of the buildings are of wood, and, owing to the possible danger of fire, no heating of any kind can be introduced into the rooms. All the asylums have wards set apart as infirmaries for the reception of the very old, the feeble, and the dying, and for cases requiring special care. The ventilation of the establishment is by doors and windows only, except in the case of Yarra Bend, where Tobin's tubes are used to a limited extent. The heating is effected by means of open fireplaces.

Income and Expenditure.—The income of the asylums is derived from the Government, patients' payments, and other lesser contributions. The total expenditure for all the institutions in 1889 was £108,380. There was paid into the treasury the sum of £13,143, being the proceeds of collections by the Master of Lunacy, fines, and sale of live stock, etc. It is customary to deduct this from the general expenditure, and so to arrive at an average cost per bed of £27 15s. 9d.

Patients' Payments.—Except in cases of extreme poverty, patients are expected to contribute towards their maintenance. The scale of payments differs in the different asylums. At Yarra Bend the charges vary from £3 to £163 per annum; at Kew and Sunbury, from £5 to £65 per annum; at Ararat, from £1 12s. to £63 per annum; and at Beechworth, from £3 to £65 per annum. In the six asylums, containing about 300 beds, in 1883 the total number of paying patients amounted to over 180.

Recreation, Employment, and Restraint.—At most of the asylums ample means for the recreation and employment of the patients are provided. Abundance of land has been temporarily reserved by the Government for the purposes of each asylum. These grounds offer great advantages for the employment of the patients, and afford facilities for cricket and other out-door amusements. A variety of entertainments is also given in the asylums

by charitable persons. The male patients are employed in the farms, gardens, and workshops, and the female patients assist in all household occupations. The mental instruction of adult patients was attempted in one asylum, but the result was not considered sufficiently favourable to warrant the continuance of the necessary outlay. A regular system of instruction for the children is carried out at Kew, with very beneficial results. The open-door system has not been attempted in any of the asylums in Victoria, but very little restraint is necessary beyond the use of padded cells and gloves for destructive patients. Camisoles are rarely resorted to, and then only in the case of male patients.

There are six lunatic asylums in Victoria, and three lunacy wards attached to the public hospitals at Castlemaine, Geelong, and Sandhurst. These wards afford accommodation for persons charged with lunacy under remand for medical examination, and for persons suffering from delirium tremens and temporary insanity. The Yarra Bend Asylum, which takes its name from the river upon which it is situated, is about five miles from Melbourne, and stands upon twenty-six acres of land enclosed in boundary walls. The buildings consist of a central building and twenty-two cottages, of which ten are occupied by men and twelve by women. Each cottage is surrounded by a garden, an arrangement which is found to work very satisfactorily, affording, as it does, facilities for classification and other advantages. The remainder of the patients occupy the large wards in the central building. The Kew Lunatic Asylum is also situated on the river Yarra Yarra, and has an enclosure of twenty-one acres of land out of a reserve of 419 acres adjoining the asylum. It is built on the block system.

The Ararat Lunatic Asylum was opened in 1867, and is situated about two miles from the town of Ararat, distant fifteen miles from Melbourne. It has twenty-six acres of enclosed land, and is constructed on the same plan as Kew. Cottages for the accommodation of ninety-six patients have lately been added, and further additions are in progress. Beechworth Lunatic Asylum was opened in 1867. It is situated near the town of Beechworth, 171 miles from Melbourne. The buildings cover twenty-one acres out of a reserve of 221 acres appertaining to the asylum. It is built on the block system, like Kew and Ararat. Since its establishment nineteen dormitories and nine day-rooms have been added, and buildings are now in progress to accommodate an increase of 148 patients.

The Sunbury Lunatic Asylum is about twenty miles from Melbourne, and possesses 1,068 acres of land. Until 1879, when the building was converted into a lunatic asylum, it was occupied as an industrial and reformatory school, and the arrangements are in many respects unsuitable for general asylum purposes. The establishment is usually occupied by quiet and harmless patients, especially selected as such from the other asylums. It consists of thirteen detached buildings, each containing a dormitory and a day room, with accommodation in each for about thirty to forty patients. A few out-offices and official quarters have been added since its opening as a lunatic asylum.

(D.)

PROPOSED NEW LUNACY LAWS FOR FRANCE.

THE following is a succinct *résumé* of the principal changes which it is proposed to make in the lunacy laws of France. There is no prospect, we understand, of these amendments being passed by the Chamber of Deputies for several years to come, and in any case the law of 1838 will not be modified in its essential features. The following statement is taken from the *Journal de Médecine de Paris*, of the 19th of April 1891 :—

All public lunatic asylums must include two departments, the one for the treatment of epileptics and the other for idiots and crétins. Each district to be required to maintain, during a period of ten years, a public establishment for the reception of maniacs, or to contract with the public establishment of a neighbouring department. At the end of this period districts may contract with private institutions. Two or more districts may combine and establish and maintain an institution at their common cost. Each board of supervision to be composed of seven members as follows :—two general councillors elected by the district council (assembly), two members chosen by the prefect of the district or department, a titular judge or barrister nominated by the Court exercising jurisdiction in the district wherein the establishment is situated, and a medical inspector and curator. Of these last two, the doctor to be nominated by the Minister of the Interior from a list of candidates presented by the Chief Board of Lunacy, and the curator to be affirmed by the civil courts. The inspectors-general to be elected after a competitive examination, the conditions of which to be drawn up by the Minister of the Interior. Persons permitted to compete to be : (*a*) members of the Academy of Medicine ; (*b*) the professors and associates of the Faculty of Medicine ; (*c*) doctors of medicine who have acted as medical inspectors of lunatics for at least five years, or have been principal medical officers at asylums ; (*d*) doctors of medicine who have distinguished themselves in medical studies relating to lunacy, or by their written works on the subject.

Every institution to be visited at least once a year by the inspectors-general.

The Chief Board of Lunacy to be composed as follows : A member of the Council of State, elected by the council ; a member of the Court of Appeal, elected by the Court ; the solicitor-general in connection with the Paris Court of Appeal, or one of the members of the Court selected by him ; a member of the Academy of Medicine, elected by the Academy ; a professor of the State Faculty of Medicine engaged in studies appertaining to mental diseases, elected by the body of professors thus engaged ; a director of the Ministry of Justice, elected by the Minister ; a director of the

Ministry of the Interior, elected by the Minister ; the inspectors-general of lunacy. The members elected by the State Council, the Court of Appeal, the Academy of Medicine, and the professors, to be elected for five years.

Responsible heads of public or private asylums not to admit a patient unless the application for admission be accompanied by a statement of the condition of the patient, addressed to the solicitor-general of the Republic, signed by a doctor of medicine. This statement to be very full, and the date of the last visit paid by the certifying physician to the patient to be mentioned ; this date to be not less recent than eight days before the application for admission be made.

In cases of emergency admission may be made to an asylum on the presentation of a short statement, but the certifying doctor must produce a full report before the lapse of two days.

Persons admitted to the asylums only to be received, at first, on probation, placed in a ward set apart for observation, and treated according to the exigencies of the case. If the doctor, before the decision of the board, places a patient in another ward, he must register the date and reason of the change.

During the first twenty-four hours the director of the establishment must submit the certificates to the prefect of the district, and within five days of the admission the medical inspector and the curator must visit the patient.

The medical inspector to submit without delay his report of the case to the chief magistrate and to the solicitor-general. Fifteen days after admission another certificate to be sent to these officials by the doctor of the establishment. After these formalities, the solicitor-general to send his notification with the certificates to the county court of the district. Judgment to be given by this Court as to the retention or dismissal of the patient. If the Court are not satisfied, they are to be at liberty to use other means of satisfying themselves, and to employ a special inspector.

Their decision to be immediately notified to the chief magistrate and to the head of the asylum. All persons detained in an asylum to be permitted at any time to appear before the Court, which will have full power to order their immediate discharge if satisfied of the advisability of doing so.

Criminals condemned to more than one year's imprisonment with hard labour, who may be certified as maniacs or epileptics during their time of punishment, to be removed to establishments especially connected with the prisons.

Other criminal lunatics to be transferred to the departmental asylum. All prisoners considered irresponsible, and persons who cannot be punished on account of their mental condition, as well as those acquitted by the correctional police and court-martials on the ground of insanity, to be brought before the Court in Chamber of Council, which will be charged with the duty of making a fresh order in each case.

(E.)

ROYAL NATIONAL PENSION FUND FOR NURSES.

WE have made reference to this Fund in the chapter on the Training of Attendants on the Insane, and it may be useful to state that all asylum attendants and officials are eligible to join it. It has been established for the benefit of all workers among the sick in hospitals and asylums, and kindred institutions in the British Empire. The Princess of Wales is the President, the Prince of Wales the Patron, and the following is a list of the Officers and Council :

Patronesses.

THE DUCHESS OF BEAUFORT.	THE COUNTESS OF STRAFFORD.
THE COUNTESS CADOGAN.	THE LADY ROTHSCHILD.

Vice-Presidents.

THE EARL OF ABERDEEN.	E. A. HAMBRO, Esq.
LORD ROTHSCHILD.	J. PIERPONT MORGAN, Esq.
SIR EDMUND HAY CURRIE.	W. RATHBONE, Esq., M.P.
HENRY HUCKS GIBBS, Esq.	J. HUTCHINSON, Esq., F.R.S.

The Council.

WALTER H. BURNS, Esq. (Messrs. J. S. Morgan and Co.), Chairman.
 HENRY C. BURDETT, Esq. (The Founder), Deputy-Chairman.
 J. S. BRISTOWE, Esq., M.D., F.R.S., Senior Physician, St. Thomas's Hospital.
 W. H. BROADBENT, Esq., M.D., Senior Physician, St. Mary's Hospital.
 THOMAS BRYANT, Esq., F.R.C.S., Consulting Surgeon, Guy's Hospital.
 CHAS. COTES, Esq., 3, Drapers Gardens, E.C.
 E. MURRAY IND, Esq., Chairman of the London Hospital.
 PERCIVAL A. NAIRNE, Esq., Deputy-Chairman of the *Dreadnought* Seamen's Hospital.
 G. NORMAN, Esq., Oakley, Bromley, Kent.
 EDWARD RAWLINGS, Esq. (late of Messrs. C. I. Hambro and Son).
 ALFRED CHARLES DE ROTHSCHILD, Esq. (Messrs. Rothschild and Sons).
 Rev. J. H. SLESSOR, Treasurer, Royal Hants County Hospital, Winchester.
 J. C. STEELE, Esq., M.D., Medical Superintendent, Guy's Hospital.
 JOHN WATNEY, Esq. (Mercers' Hall, E.C.)
 CLIFFORD WIGRAM, Esq. (Director of Bank of England).

Representatives of the Annuitants and Policy-Holders.

Miss L. M. GORDON, St. Thomas's Hospital.
 Miss E. VINCENT, Lady Superintendent, St. Marylebone Infirmary.
 Miss M. L. WATERS, Assistant Matron the London Hospital.
 Miss A. ROSS, Victoria Infirmary, Glasgow.
 Miss S. HALE, The Hospital, Rotherham, Yorkshire.

Honorary Counsel.—HARRY T. EVE, Esq., 4, New Square, W.C.

Honorary Solicitors.—Messrs. SLAUGHTER and MAY, 18, Austin Friars, E.C.

Honorary Brokers.—Messrs. GREENWOOD and Co., 28, Austin Friars, E.C.

Bankers.—THE BANK OF ENGLAND.

Auditor.—FREDERICK WHINNEY, F.C.A., 8, Old Jewry, E.C.

Consulting Actuary.—GEORGE KING, F.I.A., F.F.A.

Secretary.—GEO. P. POCOCK.

Manager.—EDWARD T. CLIFFORD.

Office.—8, KING STREET, CHEAPSIDE, E.C.

The managers of the Fund desire to meet to the fullest extent the wishes and views of the superintendents and of other officials for the welfare and benefit of their staff. They would suggest that every superintendent, after perusing the following scheme of affiliation, should communicate with the manager, and should procure from him a prospectus and copy of the last Report, so as to make themselves familiar with the aims, objects, and present position of the Fund. It has at the present time (July 1891) invested funds to the amount of £100,000; there is a Benevolent Fund with an income of between £400 and £500 a year, and £10,000 in invested funds; and already upwards of two thousand policies have been taken up, and they are being issued at the rate of from fifty to one hundred per month.

The following is the scheme alluded to above :

THE

IN AGREEMENT WITH

THE ROYAL NATIONAL PENSION FUND FOR NURSES.

1.—The Committee of the
have decided to federate with THE ROYAL NATIONAL PENSION FUND FOR NURSES, to enable them to assist the matron, superintendent of nurses, and all sisters, staff nurses, or private nurses of the hospital, *under forty years of age*, who may desire to join THE ROYAL NATIONAL PENSION FUND FOR NURSES, by paying one-half of their annual premiums while they remain in the service of the hospital, subject to the rules given hereafter.

2.—The Committee hereby agree that the hospital shall, in its own name, or in the name of the treasurer of the hospital for the time being, take out with THE ROYAL NATIONAL PENSION FUND a policy for a pension of £10 on the life of any matron, sister or nurse of this hospital *under forty years of age*, who, in her own name, takes out a policy with the Pension Fund for a pension of not less than £10, making in all a pension of £20 per annum. [As to further additions, see Rule No. 4 on page 674.]

3.—The Committee agree to continue to pay premiums on the hospital pension policies and the sick assurance policies only so long as the nurse remains in the service of the hospital.

4.—The Committee are prepared to consider what help shall be given to members of the nursing staff *over forty years of age*, with the view of making such arrangements as may seem best in each individual case.

5.—Nurses withdrawing the premiums paid in under their own policies, while in the service of the hospital, or within twelve months after leaving the hospital, will forfeit all right to the policies taken out by the hospital on their behalf.

6.—After a nurse shall have been in the service of the hospital for five years whether as probationer, nurse, sister, or otherwise, the benefit of the policy effected by the hospital on her behalf shall, if she has complied with the rules herein laid down, be considered as belonging to her (or, in case of her death, to her legal representatives) and will, in accordance with the preceding rule, be formally assigned to her twelve months after leaving the hospital.

7.—It is understood that should a nurse contribute any premium on behalf of the hospital policy during the twelve months after leaving the hospital, and still not become entitled to the full benefit of the hospital policy, the Committee undertake to return to the nurse, on her demand, the premiums so paid.

8.—Nevertheless, should a nurse leave the service of the hospital before the expiration of five years, the Committee may, in their absolute discretion, assign the policy to the nurse, or otherwise make such *ex gratia* allowance therefrom as in their discretion they shall think fit.

9.—All premiums shall be paid monthly or quarterly through the Committee of the hospital, or their appointed officer for such purpose, and a nurse's acceptance of the plan of federation shall be sufficient authority for deduction to be made from her salary for the payment of the premium on her policy.

10.—The Committee reserve power to alter both the amount of their contributions and the conditions thereof if in their opinion it should be necessary to do so hereafter.

11.—One of the conditions endorsed on the hospital policy is, that in case a nurse forfeits her right to the policy, it shall be surrendered to the Pension Fund as trustee, and all premiums which shall have been paid thereunder shall, with interest thereon, from the date of deposit, be placed to the credit of the separate Trust Fund of the hospital or institution federating with the Pension Fund, to accumulate at interest and to be disposed of by the Committee of the hospital or institution, in accordance with the Society's regulations governing such Trust Funds.

12.—These regulations are as follows :—

1. All moneys paid into the Pension Fund by any hospital or institution, together with all interest thereon, are to be devoted for the sole benefit of the members of the paid staff of such hospital or institution, as the committee thereof shall by resolution from time to time determine.
2. The benefits referred to in the foregoing rule are to be dispensed through the Pension Fund in accordance with its objects as defined in the Memorandum of Association. These objects include pensions, sick pay, *ex gratia* payments, gratuities, and so forth.

13.—In order to assign the policy to the nominee (*i.e.*, the nurse), the nominor (*i.e.*, the hospital's representative) should write on the back thereof :—
“All the interest in the within written policy is now vested in the nominee.”
This endorsement must be signed and dated by the nominor; and the nominee must take care to have the policy delivered to her and to register the endorsement with the Pension Fund.

The foregoing Scheme is to be read in conjunction with the following Rules :

1.—For the tables of rates and the conditions of the Pension Fund nurses are referred to the prospectus of that society ; and it must be understood that all rules made by the committees of hospitals or institutions federating, must be subject to the rules and conditions that from time to time govern the Pension Fund.

2.—Both the hospital's and the nurses' policies must be taken out on the "returnable premium system", and, under Table B, payable at 50, 55, or 60. If the latter age be adopted the Committee will, in addition, contribute on behalf of the nurse the premium for sick pay assurance of 10s. per week.

3.—Probationers are invited to join the Pension Fund on their own account as soon as possible, for a pension policy of £10. On their appointment on the permanent staff, the hospital policy will, in accordance with these conditions, be taken out on their behalf.

4.—All pension policies taken out (a) by the nurse on her own behalf or (b) by the committee of the hospital on the nurse's behalf, will, subject to the rules, participate in the profits of the society and in the Donation Bonus Fund.

5.—Nurses desiring to take out additional policies on their own account, for either pension or sick pay, are invited to send in additional forms of proposal to the Pension Fund.

SPECIAL NOTE.

Although this scheme of federation mainly provides for the members of the nursing staff of a hospital or kindred institution, it must be distinctly understood that all officials, other than nurses, employed in the work of such hospital or institution are eligible to join the Pension Fund on the half premium principle, though not to participate in the benefits of the Donation Bonus Fund, but only in the profit bonuses.

*The within proposals were agreed to at a Meeting of the Committee
of the*

on the _____ day of _____ 189

Signed on behalf of the Committee,

Chairman.

To the Council of

THE ROYAL NATIONAL PENSION FUND FOR NURSES,
8, KING STREET, CHEAPSIDE, E.C.

GENTLEMEN,

On behalf of the Committee of the

I beg to inform you that they have decided to federate with your Society on the basis of the scheme, an officially signed copy of which I herewith submit for

your acceptance. I have to add that my Committee are prepared to abide by the rules regulating THE ROYAL NATIONAL PENSION FUND FOR NURSES from time to time.

I am, Gentlemen, yours truly,

Treasurer or Secretary.

PREMIUMS PAYABLE BY NURSES WHO TAKE OUT A POLICY IN THE
ROYAL NATIONAL PENSION FUND.

For Pension only.

PREMIUM (RETURNABLE) FOR A PENSION OF £10, PAYABLE AT 50.			PREMIUM (RETURNABLE) FOR A PENSION OF £10, PAYABLE AT 55.		
Age next Birthday.	Monthly Premium.	Quarterly Premium.	Monthly Premium.	Quarterly Premium.	Age next Birthday.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	
20	0 6 1	0 18 3	0 4 4	0 13 0	20
21	0 6 5	0 19 3	0 4 6	0 13 6	21
22	0 6 9	1 0 3	0 4 9	0 14 3	22
23	0 7 2	1 1 6	0 4 11	0 14 9	23
24	0 7 7	1 2 9	0 5 2	0 15 6	24
25	0 8 0	1 4 0	0 5 6	0 16 6	25
26	0 8 6	1 5 6	0 5 9	0 17 3	26
27	0 9 0	1 7 0	0 6 0	0 18 0	27
28	0 9 6	1 8 6	0 6 4	0 19 0	28
29	0 10 2	1 10 6	0 6 8	1 0 0	29
30	0 10 10	1 12 6	0 7 1	1 1 3	30
31	0 11 7	1 14 9	0 7 6	1 2 6	31
32	0 12 5	1 17 3	0 8 0	1 4 0	32
33	0 13 4	2 0 0	0 8 6	1 5 6	33
34	0 14 5	2 3 3	0 9 0	1 7 0	34
35	0 15 8	2 7 0	0 9 7	1 8 9	35
36	0 17 0	2 11 0	0 10 4	1 11 0	36
37	0 18 8	2 16 0	0 11 0	1 13 0	37
38	1 0 6	3 1 6	0 11 10	1 15 6	38
39	1 2 8	3 8 0	0 12 10	1 18 6	39
40	1 5 4	3 16 0	0 13 11	2 1 9	40
41	1 8 7	4 5 9	0 15 1	2 5 3	41
42	1 12 8	4 18 0	0 16 6	2 9 6	42
43	1 17 11	5 13 9	0 18 2	2 14 6	43
44	2 4 11	6 14 9	1 0 2	3 0 6	44
45	2 16 4	8 9 0	1 2 6	3 7 6	45
46	3 8 9	10 6 3	1 5 5	3 16 3	46
47	4 12 2	13 16 6	1 9 0	4 7 0	47
48	6 18 11	20 16 9	1 13 8	5 1 0	48
49	13 19 3	41 17 9	1 19 11	5 19 9	49
50			2 8 7	7 5 9	50

PREMIUMS PAYABLE BY NURSES WHO TAKE OUT A POLICY IN THE
ROYAL NATIONAL PENSION FUND.

For Sick Pay and Pension.

PREMIUM (RETURNABLE) FOR A PENSION OF £10, PAYABLE AT 60.			PREMIUM (NOT RETURNABLE) FOR SICK ASSURANCE OF 10S. A WEEK, TO CEASE AT AGE 60.		
Age next Birthday.	Monthly Premium.	Quarterly Premium.	Monthly Premium.	Quarterly Premium.	Age next Birthday.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	
20	0 3 0	0 9 0	0 1 2	0 3 6	20
21	0 3 1	0 9 3	0 1 2	0 3 6	21
22	0 3 3	0 9 9	0 1 2	0 3 6	22
23	0 3 5	0 10 3	0 1 3	0 3 9	23
24	0 3 7	0 10 9	0 1 3	0 3 9	24
25	0 3 9	0 11 3	0 1 3	0 3 9	25
26	0 3 11	0 11 9	0 1 4	0 4 0	26
27	0 4 1	0 12 3	0 1 4	0 4 0	27
28	0 4 3	0 12 9	0 1 4	0 4 0	28
29	0 4 6	0 13 6	0 1 5	0 4 3	29
30	0 4 9	0 14 3	0 1 5	0 4 3	30
31	0 5 0	0 15 0	0 1 6	0 4 6	31
32	0 5 3	0 15 9	0 1 6	0 4 6	32
33	0 5 6	0 16 6	0 1 6	0 4 6	33
34	0 5 10	0 17 6	0 1 7	0 4 9	34
35	0 6 2	0 18 6	0 1 7	0 4 9	35
36	0 6 6	0 19 6	0 1 8	0 5 0	36
37	0 6 11	1 0 9	0 1 8	0 5 0	37
38	0 7 4	1 2 0	0 1 9	0 5 3	38
39	0 7 10	1 3 6	0 1 10	0 5 6	39
40	0 8 4	1 5 0	0 1 10	0 5 6	40
41	0 8 11	1 6 9	0 1 11	0 5 9	41
42	0 9 7	1 8 9	0 2 0	0 6 0	42
43	0 10 3	1 10 9	0 2 0	0 6 0	43
44	0 11 1	1 13 3	0 2 1	0 6 3	44
45	0 12 0	1 16 0	0 2 2	0 6 6	45
46	0 13 1	1 19 3	0 2 3	0 6 9	46
47	0 14 4	2 3 0	0 2 4	0 7 0	47
48	0 15 9	2 7 3	0 2 5	0 7 3	48
49	0 17 6	2 12 6	0 2 6	0 7 6	49
50	0 19 6	2 18 6	0 2 7	0 7 9	50

(F.)

REGULATIONS AT TRAINING SCHOOLS FOR ATTENDANTS.

(a) McLEAN ASYLUM TRAINING SCHOOL FOR NURSES.

THE Trustees of the Massachusetts General Hospital, having established at the McLean Asylum for the Insane a school for nurses, offer to give to men and women desirous of becoming professional nurses a two years' course of training in general nursing, with special reference to the care of cases of nervous and mental disease.

Those wishing to receive such a course of instruction must apply to the Superintendent of the McLean Asylum, Somerville, Mass.

The most desirable age for candidates is from twenty-one to thirty-five years. *They must be in sound health, and must send with their application a certificate from a physician certifying to the fact; also, one from some responsible person as to their good character and good health.* Upon the recommendation of the Superintendent of the Asylum, and the approval of the Trustees, they will be received for two months on probation, at the expiration of which time they will, if accepted, sign an agreement to complete the prescribed course of two years.

The Superintendent of Nurses has charge of the Training School, under the authority of the Superintendent of the Asylum and of the Board of Trustees; and the nurses are subject to the rules of the asylum. Their fitness for the work, and the propriety of retaining or dismissing them at the end of the two months' trial, are determined by the authorities in charge of the school, under the direction of the Trustees; and the same authorities can in like manner discharge them at any time in case of misconduct or inefficiency. They reside in the asylum, and serve as assistant nurses in its wards.

All nurses are required to be sober, honest, truthful, trustworthy, punctual, quiet, orderly, cleanly, neat, patient, kind, and cheerful.

The instruction includes the general care of the sick; the managing of helpless patients in bed, in moving, changing bed and body linen, making of beds, etc.; giving baths, keeping patients warm or cool, preventing and dressing bed sores; bandaging, applying of fomentations, poultices, and minor dressings; the preparing and serving of food, the feeding of helpless patients and those who refuse food; the administering of enemata and use of the catheter; attendance upon patients requiring diversion and companionship; the observation of mental symptoms, delusions, hallucinations, delirium, stupor, etc., and the care of excited, violent, and suicidal patients.

They are also given instruction in the best practical methods of supplying fresh air, warming and ventilating sick-rooms in a proper manner, and

are taught to take proper care of rooms and wards, in keeping all utensils perfectly clean and disinfected, etc.; to observe the sick accurately in regard to the state of the secretions, pulse, breathing, skin, temperature, sleep, appetite, effect of diet, of stimulants, and medicine; the giving of massage; and the managing of convalescents.

Instruction will also be given in the modern methods of physical training, by the use of free movements and the usual apparatus, in a gymnasium provided for the patients. The nurses are taught the medical application of physical exercise. Each nurse is required to have a gymnasium costume: the material for the dress will be furnished, at moderate cost, by the asylum.

The instruction is given by the Superintendent of the Training School, and by the supervisors and head nurses. Lectures and demonstrations will be given, at stated periods, by the asylum medical staff. Examinations, chiefly upon practical points, take place from time to time.

The pupils are employed as assistant nurses in the wards of the asylum. Women will be paid twelve dollars (§12) per month during the first year, and fifteen dollars (§15) per month during the second year, for their clothing and personal expenses. Men will be paid twenty-three dollars (§23) per month during the first year, and twenty-five dollars (§25) per month during the second year. Their education during this time is considered as compensation for their services. Women graduates will be paid twenty-five dollars (§25) per month; men graduates, twenty-seven dollars (§27) and thirty dollars (§30) per month, according to length of service.

The men and women are required to wear at all times, while on duty in the wards, the asylum uniform.

When the full term of two years is completed, the nurses thus trained receive (after final examinations) diplomas certifying to their period of training, their proficiency and good character.

The right is reserved to terminate the connection of any nurse or pupil with the school, for any reason which may be deemed sufficient.

A female graduate of this school, who wishes to have additional practical experience and instruction in general nursing, has the privilege, under certain restrictions, of entering the Boston Training School for Nurses at the Massachusetts General Hospital. Such graduates will, after one year's satisfactory study, receive the diploma from that school, in addition to the diploma received from the McLean Asylum Training School.

N.B.—The following paper is to be filled in (in the candidate's own handwriting), and sent to the Superintendent of McLean Asylum, Somerville, Mass. :—

QUESTIONS TO BE ANSWERED BY CANDIDATE.

1. Name in full of Candidate
2. Are you single, widow, or widower?
3. Your present occupation or employ-
ment? J

Regulations at Training Schools for Attendants. 679

- [illegible]

Having read, and clearly understanding and agreeing to the foregoing conditions and regulations, I declare the above statement to be correct.

	<i>Signed,</i>	.	.	.	.	.	.	.	.
	<i>Present Address,</i>	.	.	.	.	.	.	.	.
								Candidate,	
	<i>Nearest Telegraph Office,</i>	.	.	.	.	.	.	.	.
<i>Date,</i>	.	.	.	189	.	.	.	.	.

COURSE OF INSTRUCTION.
JUNIOR YEAR.

A Manual for Hospital Nurses	DOMVILLE
Physiology and Hygiene (to the Nervous System)	HUTCHISON
Notes on Fever Nursing	ALLAN
A Text-book of Nursing	WEEKS

What to do first in Emergencies DULLES
 Accidental Injuries CANTLIE
 Practical instruction in Massage (twelve lessons).
 Instruction in the ward by the Supervisor and Superintendent of Nurses.
 A Lecture each week, First Assistant Physician.

SENIOR YEAR.

Physiology and Hygiene (completed) HUTCHISON
 A Text-book of Nursing (completed) WEEKS
 A Short Manual for Monthly Nurses CULLINGWORTH
 Notes on Surgery for Nurses BELL
 Hand-book for Hospitals (selections)

STATE CHARITIES AID ASSOCIATION, N.Y.

How to care for the Insane GRANGER
 Hand-book for the Instruction of Attendants on the Insane

SUB-COM. BRITISH MED.-PSYCH. ASSOCIATION.

Practical instruction in Cooking (six lessons).
 Physical Training (thirty lessons).
 Medical Gymnastics (thirty lessons).
 Instruction in the wards by the Supervisor and Superintendent of Nurses.
 A Lecture each week, Superintendent.

ORDER OF EXERCISES, 1889-90.

WOMEN.

Monday.

11.0 A.M.	Senior Class (1st Div.), Massage . . .	MISS WOODWARD
4.15 P.M.	Senior Class, Recitation . . .	MISS WOODWARD
7.0 P.M.	Junior Class, Recitation . . .	MISS ALLEN
8.0 P.M.	Junior Class (1st Div.), Massage . . .	MRS. PIERCE

Tuesday.

11.0 A.M.	Senior Class, Instruction in Physical Training . . .	MISS ADAMS
2.0 P.M.	Junior Class (2nd Div.), Massage . . .	MRS. PIERCE
4.15 P.M.	Senior Class, Lecture . . .	DR. COWLES

Thursday.

2.0 P.M.	Senior Class (1st or 2nd Div.), Cooking . . .	MISS MAYNARD
4.15 P.M.	Junior Class, Lecture . . .	DR. TUTTLE
7.30 P.M.	Junior Class, Instruction in Physical Training . . .	MISS ADAMS

Friday.

11.0 A.M.	Junior Class (3rd Div.), Massage . . .	MISS WOODWARD
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Regulations at Training Schools for Attendants. 681

4.15 P.M.	Junior Class (1st and 2nd Div. on alternate weeks, from Feb. 1), Care of Sick Patients in Bed, Poulticing, etc.	MISS BOURKE
4.15 P.M.	Graduates, Review, etc.	MISS WOODWARD
Saturday.		
11.0 A.M.	Junior Class (1st Div.)	
7.0 P.M.	Junior Class (2nd Div.) On alternate weeks, from Feb. 2, Bandaging	MISS BOURKE
4.0 P.M.	Senior Class, Medical Gymnastics	DR. POSSE
MEN.		
Monday.		
4.15 P.M.	Junior Class, Recitation	DR. BABCOCK
7.0 P.M.	Senior Class (2nd Div. from Feb. 4), Massage	DR. TUTTLE
Tuesday.		
4.15 P.M.	Senior Class, Lecture	DR. COWLES
Wednesday.		
4.15 P.M.	Junior Class, Lecture	DR. TUTTLE
Thursday.		
11.0 A.M.	Junior Class (1st Div.)	
4.0 P.M.	Junior Class (2nd Div.) On alternate weeks, from Feb. 7, Bandaging	DR. BABCOCK
2.0 P.M.	Senior Class (1st or 2nd Div.), Cook- ing	MISS MAYNARD
Friday.		
11.0 A.M.	Junior Class (1st Div.)	
4.0 P.M.	Junior Class (2nd Div.) On alternate weeks, from Feb. 1, Care of Sick Patients in Bed, Poulticing, etc.	MR. OBER
4.15 P.M.	Senior Class, Recitation	DR. BABCOCK
8.0 P.M.	Senior Class (1st Div. from Feb. 1), Massage	DR. BABCOCK

(b) SYSTEM OF TRAINING FOR ATTENDANTS AND NURSES IN PRACTICE
AT THE GLASGOW DISTRICT ASYLUM, BOTHWELL.

- i. By lectures.
- ii. By tutorial instruction in the wards.
- iii. Rehearsals under the directions of the matron and head attendant (where possible, should be with the help of the assistant medical officer).
- iv. Weekly observations on patients, submitted to the medical superintendent on Monday mornings.

i. *Lectures*.—Follow closely the text of the “Hand-Book for Attendants” published by Baillière, Tindall, and Cox. Four lectures are given on Physiology, four “On the Principles of Nursing,” four on “Mind and its Disorders.” Additional lectures on special subjects as occasion suggests. A full abstract of each lecture with the “Cyclostyle” or “Hektograph” is given to each pupil before the lecture begins, so that the pupils are freed from distracting note-taking, and the lecturer is able to give the abstract as free and lucid an explanation as possible. The lectures are illustrated by diagrams and various demonstrations.

ii. *Tutorial*.—This consists of practical instruction in the details of nursing, changing of patients, dressing of patients, bathing, dressing wounds, applying bandages, the use of various surgical and medical appliances, such as splints, spongiopiline, dressings, poultices, fomentations, etc. Instruction is given in this class on the taking of the pulse, temperature, respirations, what to do in cases of choking, strangulation, poisoning, etc.

iii. *Rehearsals*.—The object of these is to satisfy the superior officers that the pupils are following correctly the instruction given in the lectures, that they understand the abstracts, and are systematically exercising their memories on the various subjects treated of. It is simply a case of hearing them their lessons.

iv. *Weekly Observations*.—Each nurse has so many patients allotted to her, and she is expected to write her daily observations of these cases. This is a test of her intelligence and power of observation. These notes are valued weekly, and at the end of the session prizes are given for the best notes.

Examinations. Many attendants who are not well educated know their work better, and do it better, than many of those who are well educated. This is seen in the tutorial practice and in the oral examinations. There is, therefore, only one written examination.





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